

DEPARTMENT OF COMMERCE

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Sub-Chapter 1

Organizational Rule

8.32.101 BOARD ORGANIZATION (1) The board of nursing hereby adopts and incorporates the organizational rules of the department of commerce as listed in chapter 1 of this title. (History: Sec. 37-8-202, MCA; IMP; Sec. 2-4-201, MCA, NEW, Eff. 1/3/75; TRANS, from Dept. of Prof. & Occup. Lic., C. 274, L. 1981, Eff. 7/1/81.)

Sub-Chapter 2

Procedural Rules

8.32.201 PROCEDURAL RULES (1) The board of nursing hereby adopts and incorporates the procedural rules of the department of commerce as listed in chapter 2 of this title. (History: Sec. 37-8-202, MCA; IMP, Sec. 2-4-201, MCA; NEW,

Eff. 1/3/75; TRANS, from Dept. of Prof. & Occup. Lic., C. 274, L. 1981, Eff. 7/1/81.)

8.32.202 PUBLIC PARTICIPATION (1) The board of nursing hereby adopts and incorporates by this reference the public participation rules of the department of commerce as listed in chapter 2 of this title. (History: Sec. 37-8-202, MCA; IMP, Sec. 2-3-103, MCA; NEW, 1978 MAR p. 611, Eff. 4/25/78; TRANS, from Dept. of Prof. & Occup. Lic., C. 274, L. 1981, Eff. 7/1/81.)

Sub-Chapter 3

Specialty Areas of Nursing

8.32.301 NURSE PRACTITIONER PRACTICE (1) Nurse practitioner practice means the independent and/or collaborative management of primary and/or acute health care of individuals, families and communities including:

(a) assessing the health status of individuals and families using methods appropriate to the client population and area of practice such as health history taking, physical examination, and assessing developmental health problems;

(b) instituting and facilitating continuity of health care to clients, including:

(i) ordering durable medical equipment, treatments and modalities, and diagnostic tests;

(ii) receiving and interpreting results of diagnostic procedures;

(iii) making medical and nursing diagnoses; and

(iv) working with clients to promote their understanding of and compliance with therapeutic regimes;

(c) promoting wellness and disease prevention programs;

(d) recognizing when to refer clients to a physician or other health care provider;

(e) providing instruction and counseling to individuals, families and groups in the areas of health promotion and maintenance, including involving such persons in planning for their health care; and

(f) working in collaboration with other health care providers and agencies to provide and, where appropriate, coordinate services to individuals and families. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, MCA; NEW, 1982 MAR p. 1603, Eff. 8/27/82; AMD, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 2000 MAR p. 954, Eff. 4/14/00; AMD, 2002 MAR p. 3399, Eff. 12/13/02.)

8.32.302 NURSE MIDWIFERY PRACTICE (1) Nurse midwifery practice means the independent management of care of essentially normal newborns and women, antepartally, intrapartally, postpartally and/or gynecologically. This occurs within a health care system that provides for medical consultation, collaborative management, and referral.

(2) Effective December 31, 2004, all licensed certified nurse midwives shall be enrolled in either the certification maintenance program or the continuing competency assessment

program through the American college of nurse midwives. Contact information for the American college of nurse midwives may be obtained from the Montana board of nursing office at 301 South Park Avenue, P.O. Box 200513, Helena, MT 59620-0513, telephone (406) 841-2340. (History: Sec. 37-1-131, 37-8-202, MCA; IMP, Sec. 37-8-202, 37-8-409, MCA; NEW, 1983 MAR p. 10, Eff. 1/14/83; AMD, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 2001 MAR p. 2152, Eff. 10/26/01; AMD, 2003 MAR p. 2861, Eff. 12/25/03.)

8.32.303 NURSE ANESTHETIST PRACTICE (1) Nurse anesthetist practice is the independent and/or collaborative performance of or the assistance in any act involving the determination, preparation, administration or monitoring of any drug used in the administration of anesthesia or related services for surgical and other therapeutic procedures which require the presence of persons educated in the administration of anesthetics.

(2) A nurse anesthetist is authorized to perform procedures delineated in the American association of nurse anesthetists guidelines for nurse anesthesia practice. Copies of the guidelines may be obtained from the American association of nurse anesthetists, www.aana.com. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, MCA; NEW, 1982 MAR p. 1603, Eff. 8/27/82; AMD, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 2002 MAR p. 3320, Eff. 11/28/02.)

8.32.304 ADVANCED PRACTICE NURSING TITLE (1) Only a person holding approval by the board as an advanced practice registered nurse shall have the right to use the appropriate title of nurse practitioner, nurse midwife, nurse anesthetist, or clinical nurse specialist, provided that the registered nurse:

(a) holds a current license to practice professional nursing in the state of Montana;

(b) has submitted application with supporting credentials for advanced practice nursing title and application has been approved by the board of nursing;

(c) pays appropriate application and annual renewal fees; and

(d) holds an endorsement on the professional nursing license which recognizes the advanced practice.

(2) Advanced practice registered nurses who are recognized in the state of Montana may only practice as an advanced practice registered nurse in the clinical area of specialty practice in which they have national certification according to the scope, standards, or description of practice as defined by the following certifying bodies:

(a) American academy of nurse practitioners;

(b) American association of critical care nurses certification corporation;

(c) American college of nurse-midwives;

(d) American nurses credentialing center;

(e) councils on certification or re-certification of nurse anesthetists;

(f) national certification board of pediatric nurse

practitioners;

(g) national certification corporation for obstetric, gynecologic and neonatal nursing specialties; and

(h) oncology nursing certification corporation.

(History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, MCA; NEW, 1982 MAR p. 1603, Eff. 8/27/82; AMD, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 1994 MAR p. 1424, Eff. 5/27/94; AMD, 1996 MAR p. 418, Eff. 2/9/96; AMD, 2001 MAR p. 167, Eff. 1/26/01.)

8.32.305 EDUCATIONAL REQUIREMENTS AND OTHER QUALIFICATIONS APPLICABLE TO ADVANCED PRACTICE REGISTERED NURSING

(1) Applicants for recognition in the advanced practice registered nurse areas of certified nurse-midwife, nurse practitioner and certified registered nurse anesthetist shall possess the following educational and certification qualifications:

(a) Successful completion of a post-basic professional nursing education program in the advanced practice registered nurse area of specialty with the minimum length of one academic year consisting of at least 250 hours of didactic instruction and 400 hours under a preceptor; and individual certification from a board-approved certifying body for those recognized prior to July 1, 1995;

(b) For original recognition after June 30, 1995, a master's degree from an accredited nursing education program, or a certificate from an accredited post master's program as defined in (1)(a), which prepares the nurse for the APRN recognition sought; and individual certification from a board-approved certifying body. APRNs who completed an accredited APRN program and obtained national certification prior to June 30, 1995, may be recognized in Montana.

(2) Applicants for recognition as a CNS shall possess a master's degree in nursing from an accredited nursing education program which prepares the nurse for a CNS practice, and individual certification from a board-approved certifying body.

(3) Applicants for recognition as a psychiatric CNS shall possess a master's degree in nursing from an accredited nursing education program which prepares the nurse for a psychiatric CNS practice. If the psychiatric CNS plans to utilize medical diagnosis and treatment, proof of education related to medical diagnosing, treating and managing psychiatric clients shall be provided. This education must integrate pharmacology and clinical practice.

(4) For approval in a subspecialty practice setting, the licensee shall submit documentation of, or a plan for, achievement of competency in the subspecialty area.

(5) Applicants for recognition in any APRN area are subject to the provisions of 37-8-441, MCA. (History: 37-1-319, 37-8-202, MCA; IMP, 37-8-202, 37-8-409, MCA; NEW, 1983 MAR p. 10, Eff. 1/14/83; AMD, 1985 MAR p. 108, Eff. 2/1/85; AMD, 1988 MAR p. 2720, Eff. 12/23/88; AMD, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 1994 MAR p. 1424, Eff. 5/27/94; AMD, 1995 MAR p. 847, Eff. 5/12/95; AMD, 1996 MAR p. 418, Eff. 2/9/96; AMD, 2002 MAR p. 3399, Eff. 12/13/02; AMD, 2005 MAR p. 742, Eff. 5/13/05.)

8.32.306 APPLICATION FOR RECOGNITION (1) Upon application a person licensed under the provisions of 37-8-406, MCA, and meeting the requirements set forth under the educational requirements and other qualifications applicable to advanced practice registered nursing shall be granted recognition and shall have the registered nurse renewal certificate also designate the licensee's area of advanced practice.

(2) The following must be submitted with the appropriate advanced practice registered nurse application:

(a) completed application for recognition form provided by the board. The application will be kept on file for one year. If the applicant fails to complete the requirements for application within one year, a new application will be required;

(b) an official transcript of the advanced practice registered nurse program;

(c) certificate of program completion;

(d) evidence of preceptorship (if not shown on transcript);

(e) copy of current national certification in advanced practice registered nurse specialty;

(f) current RN licensure in Montana; and

(g) payment of non-refundable statutory fee.

(3) Renewal of advanced practice registered nurse is concurrent with registered nurse licensure renewal. (History: Sec. 37-1-131, 37-8-202, MCA; IMP, Sec. 37-1-134, 37-8-202, 37-8-431, MCA; NEW, 1982 MAR p. 1603, Eff. 8/27/82; AMD, 1987 MAR p. 1620, Eff. 9/25/87; AMD, 1991 MAR p. 2435, Eff. 12/31/91; AMD, 1994 MAR p. 1424, Eff. 5/27/94; AMD, 1998 MAR p. 2164, Eff. 8/14/98; AMD, 2002 MAR p. 3399, Eff. 12/13/02.)

8.32.307 CLINICAL NURSE SPECIALIST PRACTICE

(1) Clinical nurse specialist practice means the independent and collaborative delivery and management of expert level nursing care to individuals or groups, including the ability to:

(a) assess the health status of individuals and families using methods appropriate to the client population and area of practice;

(b) diagnose human responses to actual or potential health problems using the nursing process;

(c) plan for health promotion, disease prevention and/or therapeutic intervention in collaboration with the client. The goal is to enhance the problem-solving and self-care abilities of the client whenever and to whatever extent possible. The clinical nurse specialist works with other health care providers to maximize resources available to the client and family;

(d) implement therapeutic interventions based on the clinical nurse specialist's area(s) of expertise, including, but not limited to:

(i) direct nursing care;

(ii) ordering durable medical equipment;

(iii) ordering non-pharmacological treatment;

(iv) providing medications or treatments according to

protocol;

(v) receiving and monitoring diagnostic procedures according to protocols; and

(vi) counseling and/or teaching;

(e) refer for additional health care as necessary and appropriate;

(f) coordinate health care as necessary and appropriate;

(g) evaluate, with the client, the effectiveness of care;

(h) educate clients, families, other health care professionals and the public;

(i) engage in research activities; and

(j) provide consultation to other health care providers.

(History: 37-8-202, MCA; IMP, 37-8-202, MCA; NEW, 1994 MAR p. 1424, Eff. 5/27/94; AMD, 2002 MAR p. 2315, Eff. 8/30/02; AMD, 2005 MAR p. 742, Eff. 5/13/05.)

8.32.307A PSYCHIATRIC-MENTAL HEALTH PRACTITIONER PRACTICE

(1) Psychiatric-mental health NP or psychiatric CNS practice means the independent and/or collaborative management of primary mental health care for individuals, families and communities throughout the life span and for those who have or are at risk for developing mental health problems. The psychiatric-mental health practitioner may be educated as an NP or a CNS in the area of psychiatric-mental health advanced practice nursing. The practice of psychiatric-mental health practitioners includes:

(a) assessing the mental health status of individuals and families using methods appropriate to the client population and area of practice, including:

(i) health history taking;

(ii) diagnosis and treatment of complex mental health issues; and

(iii) assessing developmental health problems;

(b) instituting and providing continuity of mental health care to clients;

(c) managing therapeutic regimens;

(d) ordering treatments and modalities;

(e) receiving and interpreting results of diagnostic procedures;

(f) working with clients to ensure their understanding of and compliance with therapeutic regimens;

(g) promoting mental health wellness and psychiatric disease prevention programs;

(h) recognizing and referring clients to a physician or other health care provider, when appropriate;

(i) instructing and counseling individuals, families and groups in mental health promotion and maintenance, including involving the clients in planning for their health care; and

(j) working in collaboration with other health care providers and agencies to provide and coordinate services to individuals and families. (History: 37-8-202, MCA; IMP, 37-8-202, MCA; NEW, 2003 MAR p. 2863, Eff. 12/25/03.)

8.32.308 TEMPORARY PERMITS FOR GRADUATE ADVANCED PRACTICE REGISTERED NURSES (APRN)

(1) To qualify for a temporary permit, the graduate APRN must have applied for and been

accepted for the first certifying exam following completion of an APRN program.

(a) Proof of acceptance to the certifying examination will be a copy of the examination registration sent to the applicant upon acceptance of the examination application by the national certifying body.

(2) If the graduate passes the certifying examination, the temporary permit shall remain valid until the Montana board of nursing grants full APRN recognition. If the graduate does not pass the certifying examination, privileges granted by the temporary practice permit are voided and the temporary practice permit shall be returned to the board office immediately.

(3) The temporary permit holder shall immediately notify the board of the results of the certifying examination. Failure to notify the board constitutes unprofessional conduct and may be a basis for proposed disciplinary action or license denial.

(4) The graduate APRN working with a temporary APRN permit, must have a consultant. The consultant must be recognized as a Montana advanced practice registered nurse, or physician whose practice encompasses the scope of the graduate APRN and must be available to the graduate APRN at all times. (History: Sec. 37-1-305, 37-8-202, MCA; IMP, Sec. 37-1-305, 37-1-319, 37-8-202, MCA; NEW, 1996 MAR p. 419, Eff. 2/9/96; AMD, 2000 MAR p. 2681, Eff. 10/6/00.)

Sub-Chapter 4

Substantive Rules

8.32.401 GENERAL REQUIREMENTS FOR LICENSURE (1) The requirements for licensure of registered and practical nurses in Montana include the provision that the applicant has written a state board test pool examination/national council licensing examination in a state of the United States. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-406, 37-8-416, MCA; Eff. 12/31/72; AMD, Eff. 6/4/77; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1982 MAR p. 1603, Eff. 8/27/82; AMD, 2000 MAR p. 2681, Eff. 10/6/00.)

8.32.402 LICENSURE BY EXAMINATION (1) The board shall administer the national council licensing examinations for registered nurse licensure and practical nurse licensure by computerized adaptive testing (CAT). Each examination differs from any other administered examination.

(2) The executive director is authorized to negotiate the contract with the national council of state boards of nursing, inc. for licensing examination services.

(3) All candidates desiring to take the licensing examination for registered nursing or practical nursing shall make application for licensure to the board on a form provided by the board and shall make application for the examination to the national council licensing examinations (NCLEX) on a form distributed by the board as provided by the national council of state boards of nursing.

(4) The application for licensure by examination and the

examination fee shall be submitted to the board office. The application will be kept on file for one year. If the applicant fails to complete the requirements for application within one year, a new application will be required.

(5) Applicants shall have completed all educational requirements of the program and all credentials shall be received in the board office prior to being made eligible to test.

(6) A passing score on the appropriate NCLEX examination shall be required for licensure as a professional or practical nurse. The national council of state boards of nursing's panel of content experts determines the passing score.

(7) The examination score will be reported to the applicant as pass or fail.

(8) Candidates shall be notified, in writing only, regarding the examination results.

(9) Candidates who pass shall receive the results of the examination and a license to practice as a registered/practical nurse.

(10) Candidates who fail shall receive the results of the examination and are not eligible to retest for 45 days.

(11) Each school of nursing in Montana shall receive quarterly statistical summary reports of its NCLEX results as well as state and national NCLEX results.

(12) Individual results of the examination shall not be released to anyone unless release is authorized by the candidate in writing.

(13) The candidate's examination results will be maintained in the application file with the department.

(History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-406, 37-8-416, MCA; Eff. 12/31/72; AMD, Eff. 6/4/77; AMD, 1981 MAR p. 143, Eff. 2/14/81; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1982 MAR p. 1603, Eff. 8/27/82; AMD, 1985 MAR p. 1556, Eff. 10/18/85; AMD, 1988 MAR p. 2720, Eff. 12/23/88; AMD, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 1994 MAR p. 1424, Eff. 5/27/94; AMD, 1996 MAR p. 418, Eff. 2/9/96; AMD, 2002 MAR p. 3399, Eff. 12/13/02; AMD, 2005 MAR p. 1686, Eff. 9/9/05.)

8.32.403 REEXAMINATION - REGISTERED NURSE

(1) Candidates who fail the licensing examination will be permitted to retake the examination after 45 days. Effective October 1, 2000, a candidate may retake the examination one time. If a candidate does not pass the retake, the candidate will be required to present a plan of study to the board before becoming eligible to take the examination again. A candidate may take the test a maximum of five times in three years. The individual will be required to complete a school of nursing program before being able to test a sixth time. (History: Sec. 37-1-131, 37-8-202, 37-8-406, MCA; IMP, Sec. 37-8-202, 37-8-406, MCA; Eff. 12/31/72; AMD, Eff. 6/4/77; AMD, 1980 MAR p. 2970, Eff. 11/29/80; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1985 MAR p. 108, Eff. 2/1/85; AMD, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 1994 MAR p. 1424, Eff. 5/27/94; AMD, 1996 MAR p. 418, Eff. 2/9/96; AMD, 2000 MAR p. 2681, Eff. 10/6/00; AMD, 2005 MAR p. 1686, Eff. 9/9/05; AMD, 2005 MAR p. 1687, Eff. 9/9/05.)

8.32.404 REEXAMINATION - PRACTICAL NURSE

(1) Candidates who fail the licensing examination will be permitted to retake the examination after 45 days. Effective October 1, 2000, a candidate may retake the examination one time. If a candidate does not pass the retake, the candidate will be required to present a plan of study to the board before becoming eligible to take the examination again. A candidate may take the test a maximum of five times in three years. The individual will be required to complete a school of nursing program before being able to test a sixth time. (History: Sec. 37-1-131, 37-8-202, 37-8-406, MCA; IMP, Sec. 37-8-202, 37-8-416, MCA; Eff. 12/31/72; AMD, Eff. 6/4/77; AMD, 1980 MAR p. 2970, Eff. 11/29/80; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1982 MAR p. 1603, Eff. 8/27/82; AMD, 1985 MAR p. 108, Eff. 2/1/85; AMD, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 1994 MAR p. 1424, Eff. 5/27/94; AMD, 1996 MAR p. 418, Eff. 2/9/96; AMD, 2000 MAR p. 2681, Eff. 10/6/00; AMD, 2005 MAR p. 1686, Eff. 9/9/05; AMD, 2005 MAR p. 1687, Eff. 9/9/05.)

8.32.405 LICENSURE BY ENDORSEMENT (1) An applicant for licensure by endorsement in this state shall submit to the board:

(a) a completed application including the following identifiers:

(i) a picture, social security number, birthdate, and documentation of name change;

(ii) the application will be kept on file for one year. If the applicant fails to complete the requirements for application within one year, a new application will be required;

(b) evidence of meeting the standards for nursing education in this state at the time of original licensure;

(c) verification of initial licensure by examination with evidence of completion of a board approved program;

(d) verification and documentation of licensure status from all jurisdictions of licensure for preceding two years; and

(e) professional nurse applicants shall present evidence of having passed a licensure examination as follows:

(i) a passing score on a state-constructed licensure examination prior to the use of the state board test pool examination in the original state of licensure; or

(ii) 350 on each part of the state board test pool examination for registered nurses; or

(iii) a minimum scaled score of 1600 on a NCLEX-RN (national council licensure examination for registered nurses) examination taken prior to September, 1988; or

(iv) a passing score on a NCLEX-RN examination taken after September, 1988;

(f) practical nurse applicants shall present evidence of having passed a licensure examination as follows:

(i) 350 on the state board test pool examination for practical nurses; or

(ii) a minimum scaled score of 350 on a NCLEX-PN (national council licensure examination for practical nurses) examination taken prior to September, 1988; or

(iii) a passing score on a NCLEX-PN examination taken after September, 1988;

(g) the required fees for licensure by endorsement as specified in subchapter 11; and

(h) if the applicant's education was obtained in a foreign country, the applicant must also meet the conditions of ARM 8.32.429 and 8.32.430.

(2) The board may, on a case-by-case basis, issue a license to an applicant for licensure by endorsement whose license is under investigation or in disciplinary action of a board in another jurisdiction or to an applicant who is under investigation for a felony criminal offense.

(3) An applicant for licensure by endorsement in Montana may be granted a temporary permit to practice professional or practical nursing pursuant to the provisions of ARM 8.32.408(3).

(4) The board shall issue a license based on satisfactory completion of the requirements. (History: Sec. 37-1-131, 37-8-202, MCA; IMP, Sec. 37-1-304, MCA; NEW, Eff. 6/4/77; AMD, 1978 MAR p. 392, Eff. 3/25/78; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1982 MAR p. 287, Eff. 2/12/82; AMD, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 1996 MAR p. 418, Eff. 2/9/96; AMD, 2000 MAR p. 2683, Eff. 10/6/00; AMD, 2002 MAR p. 3399, Eff. 12/13/02; AMD, 2004 MAR p. 2393, Eff. 10/8/04; AMD, 2005 MAR p. 1687, Eff. 9/9/05.)

8.32.406 LICENSURE FOR FOREIGN NURSES is hereby repealed. (History: Sec. 37-1-131, 37-8-202, MCA; IMP, Sec. 37-8-101, 37-8-406, 37-8-416, MCA; NEW, Eff. 6/4/77; AMD, 1978 MAR p. 392, Eff. 3/25/78; AMD, 1981 MAR p. 315, Eff. 3/27/81; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1993 MAR p. 1202, Eff. 6/11/93; AMD, 1996 MAR p. 418, Eff. 2/9/96; AMD, 2000 MAR p. 2681, Eff. 10/6/00; AMD, 2004 MAR 3032, Eff. 10/8/04; REP, 2005 MAR p. 1687, Eff. 9/9/05.)

8.32.407 CERTIFICATE OF NURSE-MIDWIFERY is hereby repealed. (History: Sec. 37-1-131, 37-8-202, MCA; IMP, Sec. 37-1-134, 37-8-202, 37-8-409, 37-8-431, MCA; NEW, Eff. 8/4/74; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1987 MAR p. 1620, Eff. 9/25/87; REP, 1991 MAR p. 2435, Eff. 12/13/91.)

8.32.408 TEMPORARY PRACTICE PERMIT (1) Graduates of approved professional or practical United States nursing education programs may be granted a temporary permit to practice professional or practical nursing, respectively, provided that:

(a) application for Montana licensure, supporting credentials and fee have been submitted and approved by the executive director of the Montana board of nursing; and

(b) the graduate has also applied for and been accepted for a licensing examination scheduled no later than 90 days

following graduation.

(2) The temporary permit issued to a graduate who fails the exam referred to in (1)(b) becomes null, void and invalid three days after the board mails notification to the graduate of the said exam result. Mailing is completed when said notification is deposited in the U.S. mail. The graduate shall immediately return the temporary permit to the board office upon receipt of the notice that s/he failed the exam referred to in (1)(b). Failure to do so is grounds for denial of a subsequent license application from the graduate and such other remedies as are provided by law.

(3) The temporary permit issued to a graduate who passes the exam referred to in (1)(b) remains valid until the license is granted or until two weeks after the board mails notification to the graduate of the said exam result, whichever occurs first. Mailing is completed when said notification is deposited in the U.S. mail.

(4) An applicant for licensure by endorsement in Montana may be granted a temporary permit to practice professional or practical nursing provided the applicant has submitted a completed application as described in ARM 8.32.405(1)(a) and that the initial screening by board staff shows no current discipline as identified in ARM 8.32.405(2) in the last two years. The temporary permit will remain valid until a license is granted or until notice of proposal to deny license is served, whichever occurs first. In the event that neither contingency has occurred within 90 days of issuance of the temporary permit to the endorsement applicant, the temporary permit shall expire on the 90th day following its issuance unless an extension is granted by the board.

(5) Any nurse who is employed under a temporary practice permit shall function only under the supervision of a registered nurse, physician, dentist, osteopath, or podiatrist, who is on the premises where and when the permittee is working and is specifically assigned the responsibility of supervising the performance of the temporary practice permittee. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-1-305, 37-8-103, MCA; Eff. 12/31/72; AMD, 1981 MAR p. 143, Eff. 2/14/81; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1982 MAR p. 1848, Eff. 10/14/82; AMD, 1985 MAR p. 1556, Eff. 10/18/85; AMD, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 1994 MAR p. 1424, Eff. 5/27/94; AMD, 1996 MAR p. 418, Eff. 2/9/96; AMD, 2000 MAR p. 2681, Eff. 10/6/00; AMD, 2000 MAR p. 2683, Eff. 10/6/00; AMD, 2005 MAR p. 1687, Eff. 9/9/05.)

8.32.409 PREPARATION OF LICENSES (1) The president and the secretary of the board shall sign the original licenses. (History: Sec. 37-1-131, 37-8-202, MCA; IMP, Sec. 37-1-101, 37-8-202, 37-8-401, MCA; Eff. 12/31/72; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1985 MAR p. 1556, Eff. 10/18/85; AMD, 1994 MAR p. 1424, Eff. 5/27/94; AMD, 2003 MAR p. 2861, Eff. 12/25/03.)

8.32.410 DUPLICATE OR LOST LICENSES (1) An original license will not be changed or replaced.

(2) The current renewal certificate issued by the board

which carries the license number satisfies as proof of licensure. In the few cases where this does not suffice, the board will provide a statement of licensure.

(3) Upon written request, and payment of the proper fee, the board may provide a duplicate renewal certificate. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, MCA; Eff. 12/31/72; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 1994 MAR p. 1424, Eff. 5/27/94.)

8.32.411 RENEWALS (1) In November of each even-numbered year, the board of nursing shall mail an application for renewal of license to all currently licensed registered nurses and licensed practical nurses. The licensee must fill out the application and return it to the board BEFORE January 1 of the next year, together with the renewal fee. Upon receiving the renewal application and fee, the board shall issue a certificate of renewal for the current year beginning January 1 of the odd-numbered year, and expiring December 31 of the even-numbered year. If the renewal application is postmarked subsequent to December 31 of the renewal year, it is subject to a late fee of two times the renewal fee.

(2) A license shall be renewed by January 1 of the odd-numbered years. Any person practicing nursing during the time a license has elapsed shall be considered an illegal practitioner and may be subject to the penalties provided for violators under the provisions of this chapter.

(3) In November of even-numbered years, the board shall mail an application for renewal of license to all currently licensed advanced practice registered nurses (APRNs). The licensee shall complete the application and return it, the proof of continuing education required by ARM 8.32.411, and the renewal fee to the board before January 1. Upon receiving the completed renewal application and fee, the board shall issue a certificate of renewal for the current two-year period beginning January 1 and expiring December 31. If the renewal application is postmarked subsequent to December 31, it is subject to a late fee of two times the renewal fee. Any person practicing during the time a license has lapsed shall be considered an illegal practitioner and may be subject to the penalties provided for violators under the provisions of this chapter.

(a) The renewal application includes a declaration made under penalty of perjury of the laws of Montana. The declaration must include:

(i) a description of how the individual will implement the plan of quality assurance, including identification of the reviewer(s);

(ii) an acknowledgement of the scope of the individual's practice;

(iii) a description of the continuing education units earned or applicable to the renewal period;

(iv) the location of practice site(s); and

(v) the individual's current DEA registration number, if applicable.

(4) All APRNs shall complete 20 continuing education

units per year, or 40 units per renewal period, pertaining to the areas of the individual's certification. APRNs who practice in a subspecialty setting shall complete the majority of the required continuing education credits in the area of the individual's subspecialty. (History: Sec. 37-1-131, 37-8-202, MCA; IMP, Sec. 37-1-134, 37-8-202, 37-8-431, MCA; Eff. 12/31/72; AMD, Eff. 6/4/77; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1982 MAR p. 287, Eff. 2/12/82; AMD, 1987 MAR p. 1620, Eff. 9/25/87; AMD, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 2000 MAR p. 2681, Eff. 10/6/00; AMD, 2000 MAR p. 2683, Eff. 10/6/00; AMD, 2002 MAR p. 2315, Eff. 8/30/02.)

8.32.412 INACTIVE STATUS (1) A licensed nurse who wishes to retain a license but who will not be practicing nursing may obtain an inactive status license upon submission of an application and payment of the appropriate fee. An individual licensed on inactive status may not practice nursing during the period in which he or she remains on inactive status.

(2) An individual may not remain licensed on inactive status for longer than two years without re-establishing qualifications for licensure, including but not limited to, passage of the licensing examination.

(3) An individual licensed on inactive status may convert his or her license to active status by submission of an appropriate application and payment of the renewal fee for the current renewal period.

(4) An APRN must also hold a registered nurse license.

(5) An APRN may request inactive status if the APRN's RN license is either active or inactive.

(6) To reactivate an inactive APRN license, the APRN shall submit proof of 20 continuing education units obtained within the 12 month period preceding reactivation.

(a) If prescriptive authority is requested, an additional five continuing education units are required in pharmacology or pharmaceutical management. (History: Sec. 37-1-131, 37-1-319, 37-8-202, MCA; IMP, Sec. 37-8-431, MCA; Eff. 12/31/72; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1982 MAR p. 1603, Eff. 8/27/82; AMD, 1994 MAR p. 1424, Eff. 5/27/94; AMD, 1996 MAR p. 418, Eff. 2/9/96; AMD, 2002 MAR p. 3399, Eff. 12/13/02; AMD, 2004 MAR p. 2393, Eff. 10/8/04.)

8.32.413 CONDUCT OF NURSES (1) Professional conduct for nurses is behavior including acts, knowledge, and practices, which through professional experience, has become established by practicing nurses as conduct which is reasonably necessary for the protection of the public interests.

(a) While working as a nurse, all nurses will identify themselves with a name badge disclosing their first and last name, as it appears on their nursing license, and license type. The identification badge will be written in a standard bold face font no less than 18.

(b) All nurses shall notify the board office of any change in address within 10 days of the change. Failure to

notify the board of an address change may result in a fine.

(2) Unprofessional conduct, for purposes of defining 37-1-307, MCA, in addition to unprofessional conduct listed at 37-1-316, MCA, the following being unique, is determined by the board to mean behavior (acts, omissions, knowledge, and practices) which fails to conform to the accepted standards of the nursing profession and which could jeopardize the health and welfare of the people and shall include, but not be limited to, the following:

(a) failing to utilize appropriate judgment in administering safe nursing practice based upon the level of nursing for which the individual is licensed;

(b) failing to exercise technical competence in carrying out nursing care;

(c) failing to follow policies or procedures defined in the practice situation to safeguard patient care;

(d) failing to safeguard the patient's dignity and right to privacy;

(e) verbally or physically abusing patients;

(f) performing procedures beyond the authorized scope of the level of nursing and/or health care for which the individual is licensed as defined by rules;

(g) altering and/or manipulating drug supplies, narcotics, or patients' records;

(h) falsifying patients' records or intentionally charting incorrectly, failing to chart;

(i) diversion of a medication for any purpose;

(j) violating state or federal laws relative to drugs;

(k) intentionally committing any act that adversely affects the physical or psycho-social welfare of the patient;

(l) delegating nursing care, functions, tasks and/or responsibilities to others contrary to the Montana laws and rules governing nursing and/or to the detriment of patient safety;

(m) failing to exercise appropriate supervision over persons who are practicing under the supervision of the licensed professional;

(n) leaving a nursing assignment without properly notifying appropriate personnel;

(o) practicing professional or practical nursing as a registered or licensed practical nurse in this state without a current active Montana license or permit;

(p) failing to report, to the board of nursing information known to the individual regarding any possible violation of the statutes and rules relating to nursing;

(q) a license or certificate in a related health care discipline in Montana, another state or any jurisdiction denied, revoked, suspended, placed on probation or voluntarily surrendered for any reason that would constitute a basis for disciplinary action in this state;

(r) failing to comply with the contract provisions of the nurses' assistance program;

(s) refusing to sign for or accept a certified mailing from the board office;

(t) failing to participate and cooperate in a professional and occupational licensing division investigation;

and

(u) failing to report to the board office within 30 days of the date of the final judgment, order, or agency action, any malpractice, professional misconduct, criminal, or disciplinary action in which the nurse or the nurse's employer, on account of the nurse's conduct, is a named party. (History: Sec. 37-1-319, 37-8-202, MCA; IMP, Sec. 37-1-316, 37-1-319, 37-8-202, MCA; NEW, 1979 MAR p. 1247, Eff. 10/12/79; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1985 MAR p. 1556, Eff. 10/18/85; AMD, 1988 MAR p. 2720, Eff. 12/23/88; AMD, 1994 MAR p. 1424, Eff. 5/27/94; AMD, 1996 MAR p. 418, Eff. 2/9/96; AMD, 1996 MAR p. 1489, Eff. 6/7/96; AMD, 1997 MAR p. 626, Eff. 4/8/97; AMD, 2000 MAR p. 2681, Eff. 10/6/00; AMD, 2002 MAR p. 3399, Eff. 12/13/02; AMD, 2005 MAR p. 1686, Eff. 9/9/05.)

8.32.414 APPROVAL OF SCHOOLS is hereby transferred to sub-chapter 8 of these rules, ARM 8.32.802. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-301, MCA; Eff. 12/31/72; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; TRANS, to 8.32.802, Eff. 8/27/82.)

8.32.415 DEFINITIONS As used in Title 37, chapter 8, MCA, the following definitions apply:

(1) "Nursing procedures" means those nursing actions selected and performed in the delivery of safe and effective patient/client care.

(2) "Standardized procedures" means routinely executed nursing actions for which there is an established level of knowledge and skill.

(3) "Supervision" means provision of guidance by a qualified nurse or a person specified in 37-8-102, MCA, for the accomplishment of a nursing task or activity with initial direction of the task or activity and periodic inspection of the actual act of accomplishing the task or activity. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-102, MCA; NEW, 1982 MAR p. 1603, Eff. 8/27/82; AMD, 1991 MAR p. 2435, Eff. 12/13/91.)

8.32.416 VERIFICATION OF LICENSURE (1) Licensees requesting verification and documentation of Montana licensure status to another United States board of nursing jurisdiction or foreign country shall submit a completed request with the appropriate fee to NURSYS@nursys.com or NCSBN, 35331 Eagle Way, Chicago, IL 60678-1353.

(2) Licensees requesting paper verifications shall submit a completed request to the board office. (History: Sec. 37-1-131, 37-8-202, MCA; IMP, Sec. 37-1-304, 37-8-202, MCA; NEW, 1987 MAR p. 1620, Eff. 9/25/87; AMD, 1994 MAR p. 1424, Eff. 5/27/94; AMD, 2003 MAR p. 2863, Eff. 12/25/03.)

8.32.417 PROBATIONARY LICENSES (1) Any nurse working pursuant to a probationary license must work under the direct supervision of another nurse or physician as follows:

(a) the supervisor for an LPN on probation must be an RN, APRN or physician with a current, unencumbered license;

(b) the supervisor for an RN on probation must be an RN, APRN or physician with a current, unencumbered license; and

(c) the supervisor for an APRN on probation must be an APRN or a physician with a current, unencumbered license.

(History: Sec. 37-1-136, 37-1-319, 37-8-202, MCA; IMP, Sec. 37-1-136, 37-1-319, 37-8-202, MCA; NEW, 2002 MAR p. 3399, Eff. 12/13/02.)

Rules 8.32.418 through 8.32.424 reserved

8.32.425 FEES (1) The fee for licensure (RN or LPN) by examination (NCLEX) is \$100, payable at the time the application is submitted. This fee is retained by the board if the application is withdrawn.

(2) The fee for repeating the examination (NCLEX) for RN or LPN is \$100.

(3) The fee for licensure (RN or LPN) by endorsement is \$200, payable at the time the application is submitted. This fee is retained by the board if the application is withdrawn.

(4) The application fee for specialty area recognition (APRN) is \$75, and a fee of \$50 for each renewal period thereafter.

(5) The license (RN or LPN) renewal fee is \$100 per renewal period.

(6) The fee to reactivate a license (RN or LPN) is \$100.

(7) The fee for late renewal of a license is double the regular renewal fee.

(8) The prescriptive authority application fee is \$100.

(9) The renewal fee for prescriptive authority is \$75 per renewal period.

(10) The verification fee is \$25.

(11) The fee for a duplicate renewal certificate is \$20.

(12) The fee for inactive RN or LPN status is one half the licensure fee.

(13) The fee for the board resending a renewal application is \$20.

(14) The fee for checks issued with non-sufficient funds as notified by the department's management services, is \$50.

(15) The fee for a copy of the laws and rules book is \$20, with no restrictions on making duplicate copies from the original copy ordered.

(16) The fee for inactive APRN status is \$30 per renewal period.

(17) The fee for a temporary RN or LPN permit is \$25.

(18) The fee for a temporary permit for an APRN is \$35.

(19) The fee for medication aide initial licensure is \$25.

(20) The fee for medication aide licensure renewal is \$20 per year. (History: Sec. 37-1-319, 37-8-202, MCA; IMP, Sec. 37-1-134, 37-8-202, 37-8-431, MCA; NEW, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 1994 MAR p. 1424, Eff. 5/27/94; AMD, 1994 MAR p. 2815, Eff. 10/28/94; AMD, 1996 MAR p. 418, Eff. 2/9/96; AMD, 2001 MAR p. 2152, Eff. 10/26/01; AMD, 2002 MAR p. 2315, Eff. 8/30/02; AMD, 2003 MAR p. 2863, Eff. 12/25/03; AMD, 2004 MAR p. 2393, Eff. 10/8/04.)

8.32.426 GENERAL REQUIREMENTS FOR LICENSURE AS MEDICATION

AIDE (1) The applicant for licensure may apply to take the Montana medication aide exam if:

(a) the applicant has completed a board approved medication aide training program as outlined in these rules; or

(b) the applicant holds an unencumbered certification or license in another state or U.S. jurisdiction to administer medications.

(2) In order to be licensed as a medication aide in Montana, the applicant shall pass the board approved medication aide exam at 85% proficiency.

(a) The applicant may retake the examination once if not successful the first time. If not successful on the second try, the applicant must retake and pass the medication aide training program before being eligible to take the examination again.

(b) The applicant must pass the exam within six months of satisfactorily completing the medication aide training program, or else the applicant must complete the training program again before being eligible to take the exam.

(3) The application will be kept on file for one year. If the applicant fails to complete the requirements for application within one year, a new application will be required.

(4) Licenses shall be issued for one-year periods, and shall expire on March 31 of each year.

(5) In February of each year, the board office will mail all currently licensed medication aides a renewal application which must be completed and returned to the board before April 1, together with the renewal fee.

(6) Any person practicing as a medication aide without a license or during the time the license is lapsed shall be considered an unlicensed practitioner and may be subject to the penalties provided by law for practicing without a license.

(History: Sec. 37-1-131, 37-8-202, MCA; IMP, Sec. 37-1-131, 37-8-101, 37-8-202, MCA; NEW, 2004 MAR p. 2393, Eff. 10/8/04.)

8.32.427 GENERAL REQUIREMENTS FOR MEDICATION AIDE

TRAINING PROGRAMS AND INSTRUCTORS (1) The board shall approve medication aide training programs. The program must include the following components:

(a) "the six rights of medication administration";

(b) purposes of medications;

(c) classes of medications;

(d) allowable routes of administration of medications;

(e) care, storage and regulation of controlled substances and medications;

(f) how to administer medications;

(g) adverse reactions, side effects and allergies to medications;

(h) medication log;

(i) medication error reporting;

(j) documentation;

(k) how and when to report to the supervising nurse; and

(l) completion of the board-approved skills checklist.

(2) The training program shall be no less than 32 hours

of didactic classroom presentation, eight hours of simulated practical experience, and 40 hours of direct, supervised clinical experience.

(3) The training program must assure an instructor to student ratio of no less than one instructor to five students in the clinical practice setting and one instructor to 10 students in the clinical laboratory setting. The supervised clinical experience shall be obtained under the direction of a nurse with an unencumbered Montana license, and who need not be the board-approved instructor.

(4) The board shall approve instructors for medication aide training programs. The training program instructor must:

(a) be a nurse with an unencumbered Montana license;

(b) have at least two years of nursing experience in the last five years, one year of which shall be in long term care, home health, hospice, assisted living or other community based setting or be a state certified nursing assistant instructor; and

(c) have a working knowledge of assisted living facility rules and regulations. (History: 37-1-131, 37-8-202, MCA; IMP, 37-8-101, 37-8-202, 37-8-422, MCA; NEW, 2004 MAR p. 2393, Eff. 10/8/04; AMD, 2005 MAR p. 2251, Eff. 11/11/05.)

8.32.428 FEE ABATEMENT (1) The board of nursing adopts and incorporates by reference the September 24, 2004, fee abatement rule of the department of labor and industry found at ARM 24.101.301.

(2) A copy of ARM 24.101.301 is available by contacting the Board of Nursing, 301 South Park Avenue, P.O. Box 200513, Helena, Montana 59620-0513. (History: Sec. 37-1-131, MCA; IMP, Sec. 17-2-302, 17-2-303, 37-1-134, MCA; NEW, 2005 MAR p. 1687, Eff. 9/9/05.)

8.32.429 FOREIGN EDUCATED APPLICANTS FOR REGISTERED NURSE LICENSURE (1) For purposes of this rule, "foreign educated" applicants are those individuals whose nursing education credential was conferred by an educational institution located outside the United States or its jurisdictions. The term includes, but is not limited to, applicants who studied nursing in the United States through either a distance learning program offered by or through a foreign educational institution or whose nursing education involved a collaboration between a foreign educational institution and an educational institution in the United States, so long as the credential was conferred by the foreign educational institution.

(2) Foreign educated applicants for registered nurse licensure by examination must:

(a) fulfill the requirements of ARM 8.32.402;

(b) pass the Montana licensing examination (i.e., NCLEX); and

(c) be certified by the commission on graduates of foreign nursing schools (CGFNS) as having successfully completed its certification program (CP) consisting of:

(i) an English language proficiency examination, except as provided under (4);

(ii) the CGFNS qualifying examination (also referred to

as NCLEX predictor exam or screening exam); and

(iii) a credentials review verifying the applicant's nursing education credentials and comparing the applicant's foreign nursing education with the U.S. nursing education standards. The board may deny licensure to a foreign educated applicant if denial is deemed by the board to be warranted by the CGFNS credentials evaluation service (CES) report.

(3) Foreign educated applicants for registered nurse licensure by endorsement from another state of the United States must:

(a) fulfill the requirements of ARM 8.32.405(1)(a), (b), and (c);

(b) have passed the NCLEX or state board test pool exam in the other state;

(c) provide verification of licensure in good standing in the other state;

(d) complete the CGFNS CES healthcare profession and science course-by-course evaluation verifying the applicant's nursing education credentials and comparing the applicant's foreign nursing education with the U.S. nursing education standards. The board may deny licensure to a foreign educated applicant if denial is warranted by the CES report; and

(e) successfully complete an English proficiency examination recognized by CGFNS.

(4) The provisions of (2)(c)(i) and (3)(d) do not apply if the foreign educated applicant graduated from a nursing program at a college, university or professional nurses' training school in one of the following countries:

(a) Australia;

(b) Canada (except Quebec);

(c) Ireland;

(d) New Zealand;

(e) Tobago;

(f) Trinidad; or

(g) United Kingdom. (History: Sec. 37-1-131, 37-8-202, MCA; IMP, Sec. 37-8-101, 37-8-405, 37-8-415, MCA; NEW, 2005 MAR p. 1687, Eff. 9/9/05.)

8.32.430 FOREIGN EDUCATED APPLICANTS FOR PRACTICAL NURSE LICENSURE

(1) For purposes of this rule, "foreign educated" applicants are those individuals whose nursing education credential was conferred by an educational institution located outside the United States or its jurisdictions. The term includes, but is not limited to, applicants or candidates who studied nursing in the United States through either a distance learning program offered by or through a foreign educational institution or whose nursing education involved a collaboration between a foreign educational institution and an educational institution in the United States, so long as the credential was conferred by the foreign educational institution.

(2) Foreign educated applicants for practical nurse licensure by examination must:

(a) fulfill the requirements of ARM 8.32.402;

(b) pass the Montana licensing examination (i.e., NCLEX);

(c) provide a CGFNS credentials evaluation service (CES) report based on the CGFNS's healthcare profession and science

course-by-course evaluation, verifying the applicant's nursing education credentials and comparing the applicant's nursing education with the U.S. nursing education standards. The board may deny licensure to a foreign educated applicant if denial is deemed by the board to be warranted by the CES report; and

(d) successfully complete an English proficiency examination recognized by CGFNS, except as provided in (4).

(3) Foreign educated applicants for practical nurse licensure by endorsement from another state of the United States must:

(a) fulfill the requirements of ARM 8.32.405;

(b) provide verification of licensure in good standing in the other state;

(c) provide a CGFNS CES report based on the CGFNS's healthcare profession and science course-by-course evaluation, verifying the applicant's nursing education credentials and comparing the applicant's nursing education with the U.S. nursing education standards. The board may deny licensure to a foreign educated applicant if denial is warranted by the CES report; and

(d) successfully complete an English proficiency examination recognized by CGFNS, except as provided in (4).

(4) The provisions of (2)(d) and (3)(d) do not apply if the foreign educated applicant graduated from a college, university or professional nurses' training school in one of the following countries:

(a) Australia;

(b) Canada (except Quebec);

(c) Ireland;

(d) New Zealand;

(e) Tobago;

(f) Trinidad; or

(g) United Kingdom. (History: Sec. 37-1-131, 37-8-202, MCA; IMP, Sec. 37-8-101, 37-8-405, 37-8-415, MCA; NEW, 2005 MAR p. 1687, Eff. 9/9/05.)

Subchapter 5

Disciplinary Actions

8.32.501 GROUNDS FOR DENIAL OF A LICENSE (1) A license may be denied for:

(a) failure to meet requirements or standards established by law or by rules adopted by the board;

(b) failure to pass the licensing examination;

(c) fraud or misrepresentation in association with the examination application, licensure application or licensure examination;

(d) conduct which would be grounds for discipline under 37-1-316, MCA; or

(e) conviction of a felony except as provided in 37-1-203, MCA. (History: Sec. 37-1-136, 37-8-202, MCA; IMP, Sec. 37-1-136, 37-1-137, 37-1-316, MCA; NEW, 1982 MAR p. 1603, Eff. 8/27/82; AMD, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 2004 MAR p. 2393, Eff. 10/8/04.)

8.32.502 LICENSE PROBATION OR REPRIMAND OF A LICENSEE

(1) A licensee may be placed on probation or reprimanded based on grounds specified in 37-1-316, MCA, or ARM 8.32.413(2). (History: Sec. 37-1-136, 37-8-202, MCA; IMP, Sec. 37-1-136, 37-1-137, 37-1-316, MCA; NEW, 1982 MAR p. 1603, Eff. 8/27/82; AMD, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 2004 MAR p. 2393, Eff. 10/8/04.)

8.32.503 REPRIMAND OR CENSURE OF A LICENSEE is hereby repealed. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-1-136, MCA; NEW, 1982 MAR p. 1603, Eff. 8/27/82; REP, 1991 MAR p. 2435, Eff. 12/13/91.)

8.32.504 DISCIPLINARY PROCEDURES IN ANOTHER JURISDICTION

(1) When the board has knowledge that a person licensed in Montana or applying for a license has had a license to practice denied, revoked, suspended, restricted, placed on probation or voluntarily surrendered in another jurisdiction, the board shall:

(a) obtain a copy of the findings of fact and conclusions from the board that took the disciplinary action;

(b) determine if the findings of fact warrant revocation or denial of Montana license;

(c) determine if the findings of fact warrant a restricted license with specified limitations. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-1-136, 37-8-202, 37-8-441, MCA; NEW, 1982 MAR p. 1603, Eff. 8/27/82; AMD, 1988 MAR p. 2720, Eff. 12/23/88; AMD, 1991 MAR p. 2435, Eff. 12/31/91.)

8.32.505 NOTIFICATION OF DENIAL OR DISCIPLINARY ACTION

(1) Written notice: The board shall give any applicant or licensee whose application for licensure is denied, or against whom disciplinary action is proposed, written notice containing a statement:

(a) The reason(s) for the proposed denial or disciplinary action; and

(b) directing the applicant's attention to his/her rights to a hearing under the provisions of the Montana Administrative Procedure Act. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-1-136, MCA; NEW, 1982 MAR p. 1603, Eff. 8/27/82.)

8.32.506 REQUEST FOR HEARING (1) The applicant or licensee may request a hearing by depositing in the mail within 20 days after receipt of notice, a certified letter addressed to the department and containing such request. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-1-121, 37-1-136, 37-8-441, 37-8-442, MCA; NEW, 1982 MAR p. 1603, Eff. 8/27/82; AMD, 1991 MAR p. 2435, Eff. 12/13/91.)

8.32.507 CONSIDERATION OF REAPPLICATION FOR A LICENSE AFTER PREVIOUS DENIAL (1) Reapplication for a license previously denied, revoked or suspended must include evidence of rehabilitation, or elimination or cure of the conditions for denial, revocation or suspension.

(2) Evaluation of reapplication for a license denied

under 37-8-441, MCA will be based upon, but not limited to:

(a) the severity of the act or omission which resulted in the denial of license; and/or

(b) the conduct of the applicant subsequent to the denial of license; and/or

(c) the lapse of time since denial of license; and/or

(d) compliance with any condition the board may have stipulated as a prerequisite for reapplication and/or

(e) the degree of rehabilitation attained by the applicant as evidenced by statements sent directly to the board from qualified people who have professional knowledge of the applicant; and/or

(f) personal interview by the board, at their discretion.

(History: Sec. 37-8-202, MCA; IMP, Sec. 37-1-136, 37-8-202, MCA; NEW, 1982 MAR p. 1603, Eff. 8/27/82; AMD, 1985 MAR p. 1556, Eff. 10/18/85.)

Sub-Chapter 6

Board of Nursing Organization

8.32.601 OBJECTIVES (1) The board of nursing shall function in the field of nursing as an administrative and supervisory agency within the governmental structure and shall:

(a) implement the Nursing Practice Act by promulgating and enforcing rules and regulations to protect the public health, safety and welfare:

(b) prescribe standards for the evaluation of programs preparing persons for registration and licensure and approve those nursing education programs which have achieved and are maintaining these minimum standards;

(c) assure safe standards of nursing practice through examination, licensure and renewal of licenses of qualified applicants including endorsement of qualified registered and practical nurses from other jurisdictions;

(d) control the practice of nursing in the interest of society by means of investigation and appropriate legal action;

(e) provide interpretation and consultation services to individuals and groups in matters relating to nursing education and nursing practices; and

(f) collaborate and cooperate with other appropriate agencies or groups in efforts to assure public safety and to promote competent nursing practice. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, MCA; Eff. 12/31/72; AMD, Eff. 5/6/76; TRANS, from Dept. of Prof. & Occup. Lic., C. 274, L. 1981, Eff. 7/1/81; AMD, 1982 MAR p. 287, Eff. 2/12/82; AMD, 1991 MAR p. 2435, Eff. 12/13/91.)

8.32.602 MEMBERSHIP is hereby repealed. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, MCA; Eff. 12/31/72; AMD, Eff. 5/6/76; TRANS, from Dept. of Prof. & Occup. Lic., C. 274, L. 1981, Eff. 7/1/81; REP, 1982 MAR p. 287, Eff. 2/12/82.)

8.32.603 OFFICERS (1) The term of office for each officer shall be for one year and shall begin on July 1. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, MCA; Eff.

12/31/72; AMD, Eff. 5/6/76; TRANS, from Dept. of Prof. & Occup. Lic., C. 274, L. 1981, Eff. 7/1/81; AMD, 1982 MAR p. 287, Eff. 2/12/82; AMD, 1985 MAR p. 1556, Eff. 10/18/85; AMD, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 1994 MAR p. 1424, Eff. 5/27/94.)

8.32.604 MEETINGS (1) The annual meeting shall be held in the first quarter of the fiscal year.

(2) Special meetings may be called by the president or at the written request of 2 members. The reason for the special meeting shall be stated in the call.

(3) Meeting dates for the next calendar year shall be approved by the board at its annual meeting in the year prior to its application.

(4) The agenda for board members to review shall be mailed to board members prior to each meeting. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, MCA; Eff. 12/31/72; AMD, Eff. 5/6/76; TRANS, from Dept. of Prof. & Occup. Lic., C. 274, L. 1981, Eff. 7/1/81; AMD, 1982 MAR p. 287, Eff. 2/12/82; AMD, 1994 MAR p. 1424, Eff. 5/27/94.)

8.32.605 DUTIES OF THE PRESIDENT (1) The president shall:

(a) preside at all meetings. In the event that the president is absent from any meeting, a president pro-tem shall be elected by members present at the meeting to serve for that meeting;

(b) appoint members to serve on committees as may be created and may serve as ex-officio members of all committees with the exception of the screening panel;

(c) serve as the official representative of the board in its contacts with governmental, civic, business and other organization;

(d) retain the right to vote on all matters before the board;

(e) perform such other functions as pertain to the office of the president. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, MCA; Eff. 12/31/72; AMD, Eff. 5/6/76; TRANS, from Dept. of Prof. & Occup. Lic., C. 274, L. 1981, Eff. 7/1/81; AMD, 1982 MAR p. 287, Eff. 2/12/82; AMD, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 1996 MAR p. 418, Eff. 2/9/96.)

8.32.606 DUTIES OF MEMBERS (1) The members acting as the board of nursing shall:

(a) transact the general business of the board of nursing;

(b) provide advice to the department concerning roles and functions of the board;

(c) develop and amend rules consistent with the law, to fulfill the provisions of the nursing practice act;

(d) develop policies for the transaction of board business which are consistent with good administrative practice;

(e) recommend the budget according to the laws and rules of the state of Montana. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, MCA; Eff. 12/31/72; AMD, Eff. 5/6/76; TRANS, from Dept. of Prof. & Occup. Lic., C. 274, L. 1981, Eff.

7/1/81; AMD, 1982 MAR p. 287, Eff. 2/12/82; AMD, 1985 MAR p. 1556, Eff. 10/18/85; AMD, 1991 MAR p. 2435, Eff. 12/13/91.)

8.32.607 ORDER OF BUSINESS is hereby repealed. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, MCA; Eff. 12/31/72; AMD, Eff. 5/6/76; TRANS, from Dept. of Prof. & Occup. Lic., C. 274, L. 1981, Eff. 7/1/81; AMD, 1982 MAR p. 287, Eff. 2/12/82; REP, 1991 MAR p. 2435, Eff. 12/13/91.)

8.32.608 PARLIAMENTARY AUTHORITY (1) The rules contained in Robert's Rules of Order Newly Revised shall govern the meetings of the board in all cases where such rules are applicable and in which they are not inconsistent with these rules. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, MCA; Eff. 12/31/72; AMD, Eff. 5/6/76; TRANS, from Dept. of Prof. & Occup. Lic., C. 274, L. 1981, Eff. 7/1/81; AMD, 1982 MAR p. 287, Eff. 2/12/82.)

8.32.609 AMENDMENTS is hereby repealed. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, MCA; Eff. 12/31/72; AMD, Eff. 5/6/76; TRANS, from Dept. of Prof. & Occup. Lic., C. 274, L. 1981, Eff. 7/1/81; REP, 1982 MAR p. 287, Eff. 2/12/82.)

8.32.610 EXECUTIVE DIRECTOR--QUALIFICATIONS (1) An executive director shall provide administrative services to the board to ensure:

(a) that policies and board processes are consistent with state and federal laws and regulations;

(b) that nursing education curricula and programs are consistent with Montana nursing statutes and rules and national education standards through oversight of periodic and ongoing approval processes;

(c) that licensure and related processes are efficient and effective;

(d) oversight of licensee compliance with nursing statutes and rules, including administrative direction of staff and board member compliance activities; and

(e) that necessary resources and support are provided to nursing board members and staff to enable those individuals or groups to perform their functions effectively.

(2) The executive director must be:

(a) a citizen of the United States;

(b) a graduate of an approved school of nursing;

(c) a holder of at least a master's degree with postgraduate courses in nursing;

(d) a registered professional nurse with at least three years experience in teaching or administration in an approved school of nursing, and three years clinical nursing practice.

(e) licensed as a registered professional nurse in Montana. (History: 37-8-204, 37-8-319, MCA; IMP, 37-8-204, MCA; NEW, 2001 MAR p. 2152, Eff. 10/26/01.)

Sub-Chapter 7

Practical Nursing Administration Bylaws

8.32.701 OBJECTIVE is hereby repealed. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, MCA; Eff. 12/31/72; AMD, Eff. 5/6/76; TRANS, from Dept. of Prof. & Occup. Lic., C. 274, L. 1981, Eff. 7/1/81; REP, 1982 MAR p. 287-289, Eff. 2/12/82.)

8.32.702 MEMBERSHIP is hereby repealed. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, MCA; Eff. 12/31/72; AMD, Eff. 5/6/76; TRANS, from Dept. of Prof. & Occup. Lic., C. 274, L. 1981, Eff. 7/1/81; REP, 1982 MAR p. 287-289, Eff. 2/12/82.)

8.32.703 OFFICERS is hereby repealed. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, MCA; Eff. 12/31/72; AMD, Eff. 5/6/76; TRANS, from Dept. of Prof. & Occup. Lic., C. 274, L. 1981, Eff. 7/1/81; REP, 1982 MAR p. 287-289, Eff. 2/12/82.)

8.32.704 MEETINGS is hereby repealed. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, MCA; Eff. 12/31/72; AMD, Eff. 5/6/76; TRANS, from Dept. of Prof. & Occup. Lic., C. 274, L. 1981, Eff. 7/1/81; REP, 1982 MAR p. 287-289, Eff. 2/12/82.)

8.32.705 DUTIES OF OFFICERS is hereby repealed. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, MCA; Eff. 12/31/72; AMD, Eff. 5/6/76; TRANS, from Dept. of Prof. & Occup. Lic., C. 274, L. 1981, Eff. 7/1/81; REP, 1982 MAR p. 287-289, Eff. 2/12/82.)

8.32.706 DUTIES OF MEMBERS is hereby repealed. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, MCA; Eff. 12/31/72; AMD, Eff. 5/6/76; TRANS, from Dept. of Prof. & Occup. Lic., C. 274, L. 1981, Eff. 7/1/81; REP, 1982 MAR p. 287-289, Eff. 2/12/82.)

8.32.707 ORDER OF BUSINESS is hereby repealed. (History: Sec. 37-8-202, MCA; IMP, Sec. 27-8-202, MCA; Eff. 12/31/72; AMD, Eff. 5/6/76; TRANS, from Dept. of Prof. & Occup. Lic., C. 274, L. 1981, Eff. 7/1/81; REP, 1982 MAR p. 287-289, Eff. 2/12/82.)

8.32.708 PARLIAMENTARY AUTHORITY is hereby repealed. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, MCA; Eff. 12/31/72; AMD, Eff. 5/6/76; TRANS, from Dept. of Prof. & Occup. Lic., C. 274, L. 1981, Eff. 7/1/81; REP, 1982 MAR p. 287-289, Eff. 2/12/82.)

8.32.709 AMENDMENTS is hereby repealed. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, MCA; Eff. 12/31/72; AMD, Eff. 5/6/76; TRANS, from Dept. of Prof. & Occup. Lic., C. 274, L. 1981, Eff. 7/1/81; REP 1982 MAR p. 287-289, Eff. 2/12/82.)

Sub-Chapter 8

Approval of Schools

8.32.801 APPLICATION FOR INITIAL APPROVAL (1) An educational institution wishing to establish a program in nursing and to secure initial approval shall submit to the

board a feasibility study by either December 1 or September 1 for review at the board's January or October, respectively, board meetings. For programs under the jurisdiction of the Montana board of regents, a common document shall be submitted.

(2) The feasibility study must include at least the following information:

(a) population data within the past three years and workforce supply and demand data from the past year documenting the need for the program as it relates to plans for total state resources and nursing education needs within the state;

(b) purpose and classification of program.

(c) availability of qualified faculty.

(d) budgeted faculty positions.

(e) availability of adequate clinical and academic facilities for the program;

(f) evidence of financial resources adequate for the planning, implementation and continuation of the program;

(g) anticipated student population;

(h) tentative time table for planning and initiating the program; and

(i) consideration of how the proposed program may affect existing nursing programs in the state, and indication that plans and the feasibility study regarding the proposed program have been shared with the directors of existing programs in the state.

(3) When the data submitted in the feasibility study are reviewed, the board may request additional information and may conduct a site visit to evaluate the information submitted. The board will review the feasibility study at their January or October board meeting.

(4) Approval of the feasibility study by the board permits the institution to continue planning but does not assure subsequent approval.

(5) The following conditions must be met prior to application for initial program approval:

(a) a qualified nurse administrator has been appointed and there are plans for sufficient qualified faculty to initiate the program; and

(b) a tentative written proposed program plan developed in accordance with the current Standards for Montana Schools of Professional or Practical Nursing has been submitted.

(c) For programs under the jurisdiction of the Montana board of regents, the board will make a recommendation to the Montana board of regents concerning the quality of the proposed program's curriculum, faculty and clinical experiences and will make its final decision on approval only after receiving notification of the program's approval from the board of regents. The program may then admit students who shall be eligible upon completion of the program to take the licensing examination.

(6) Between six months and one year following the feasibility study, the board shall review and conduct a site visit utilizing the initial application and feasibility study for the proposed program, and may grant initial approval following board review. Any communications from the board must be sent to the program director and the leadership of the

parent institution.

(7) Progress reports shall be made to the board as requested.

(8) Following graduation of the first class, a self-study report of compliance with ARM Title 8, chapter 32, subchapter 11, shall be submitted and a site visit may be made. (History: 37-8-202, 37-8-301, MCA; IMP, 37-8-202, 37-8-301, 37-8-302, MCA; NEW, 1982 MAR p. 1603, Eff. 8/27/82; AMD, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 2003 MAR p. 1080, Eff. 5/23/03; AMD, 2005 MAR p. 742, Eff. 5/13/05.)

8.32.802 CONTINUED APPROVAL OF SCHOOLS (1) To ensure ongoing compliance with the board's statutes and rules, approved nursing education programs must be site visited and reevaluated for continued approval at least every 10 years and in conjunction with the program's visit from an approved, recognized national nursing accreditation body. If the program is not nationally accredited, the board must perform approval site visits at least every five years.

(2) Before a site visit, a school that is not nationally accredited must submit a self-study report to the board office providing evidence of compliance with the appropriate nursing education requirements. The school must forward four copies of the self-study report and four copies of the school catalog to the board office at least 60 days before a scheduled site visit. If a program holds national nursing accreditation, any self-study report used for the accrediting body must be submitted to the board office at least 60 days before the scheduled site visit.

(3) The site visit is performed by a qualified site visitor and the board's executive director on dates mutually agreeable to the board and the school.

(a) Schools must participate in scheduling the site visit.

(b) The site visitor's report must be made available to the school within 60 days of the site visit.

(c) The school may submit a written response to the site visitor's report for clarification and correction within 30 days of receipt of the report.

(d) Site visit reviewers must include, but not be limited to, the executive director of the board and an outside reviewer with expertise in relation to the type of program being reviewed.

(4) The board shall review the self-study report. Materials and site visit reports must be in the board office at least 30 days before the next scheduled board meeting.

(5) Following the board's review and decision, the board must send written notification regarding approval of the program and the board's recommendations to the program director and the leadership of the parent institution.

(6) The board office shall issue a certificate of approval to all schools continuing to meet the minimum nursing program requirements.

(7) The board may site-visit a program at any time as deemed necessary by the board or at the request of the school.

(8) Each nursing program must maintain an annual NCLEX

pass rate that is not 10 percentage points or more below the national average pass rate for first-time test takers.

(a) The first year a program's average pass rate is 10 percentage points or more below the national average, the program will be issued a letter of notice from the board.

(b) The second consecutive year a program's average pass rate is 10 percentage points or more below the national average, the program will be placed on conditional approval by the board. The program must submit to the board a written plan to improve the pass rate.

(c) The third consecutive year a program's average pass rate is 10 percentage points or more below the national average, the program must submit a self-study report to the board. The board will also perform a site visit.

(d) Board decisions regarding compliance with this requirement for RN programs having less than 21 students per year and/or PN programs having less than 15 students per year will be based upon two consecutive years of NCLEX pass rates for first-time test takers. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-301, 37-8-302, MCA; Eff. 12/31/72; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; TRANS, from ARM 8.32.414, 1982 MAR p. 1603, Eff. 8/27/82; AMD, 1982 MAR p. 1603, Eff. 8/27/82; AMD, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 1996 MAR p. 418, Eff. 2/9/96; AMD, 1997 MAR p. 1176, Eff. 4/8/97; AMD, 2003 MAR p. 1192, Eff. 5/23/03.)

8.32.803 SCHOOL REPORTS TO THE BOARD is hereby repealed. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-301, 37-8-302, MCA; NEW, 1982 MAR p. 1603, Eff. 8/27/82; AMD, 1991 MAR p. 2435, Eff. 12/13/91; REP, 2003 MAR p. 1080, Eff. 5/23/03.)

8.32.804 FACULTY QUALIFICATION REPORT (1) The school must submit a faculty qualification form for each new faculty member when the faculty appointment becomes effective. Such forms are available from the board office and on the board's website and must be used by the school.

(2) The education committee of the board shall accept or reject the faculty qualifications and make recommendations for ratification by the full board. (History: Sec. 37-8-202, 37-8-301, MCA; IMP, Sec. 37-8-301, 37-8-302, MCA; NEW, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 2003 MAR p. 1080, Eff. 5/23/03.)

8.32.805 SEMIANNUAL REPORT is hereby repealed. (History: Sec. 37-8-202, 37-8-301, MCA; IMP, Sec. 37-8-301, 37-8-302, MCA; NEW, 1991 MAR p. 2435, Eff. 12/13/91; REP, 1997 MAR p. 626, Eff. 4/8/97.)

8.32.806 ANNUAL REPORT (1) An annual report for the current academic year must be submitted by June 1 of each year, except in the year in which the program submits a self-study report. Four copies must be submitted to the board office.

(2) The annual report must provide current data for interim evaluation by the full board. The report must include:

(a) progress during the past year toward achievement of the program's stated goals and the program's goals for the forthcoming year;

(b) progress toward board recommendations, if applicable;
(c) any changes during the last year in the following areas:
 (i) qualifications or major responsibilities of the program director and/or faculty;
 (ii) policies or practices used for selection, progression and graduation of students;
 (iii) practices followed in safeguarding the health and well-being of the students; and
 (iv) curriculum plan, course descriptions, resources and facilities;
(d) a summary of clinical agency contractual arrangements on a board furnished form; and
(e) a list of current faculty and identification of those faculty members on education waiver, to include:
 (i) the date the board approved the waiver for each faculty member on waiver;
 (ii) the date the faculty member completed the waiver requirements; and
 (iii) the current number and percentage of faculty on waiver to the total full-time equivalents in the nursing program;
(f) a report of faculty members' pertinent professional development for the past year. This does not include standard agency requirements such as basic life support, blood-borne pathogens, etc.;
(g) current enrollment by course, including student-teacher ratios for clinical experiences;
(h) enrollment in the nursing program each year for the past five years;
(i) number of graduations from the nursing program each year for the past five years;
(j) a statement from the program director indicating that the nursing program's budget is sufficient to meet program needs;
(k) four current copies of the school catalog and student handbook; and
(l) current program evaluation plan with measurable goals and data to support the evaluation of attaining those goals.
(History: 37-8-202, 37-8-301, MCA; IMP, 37-8-301, 37-8-302, MCA; NEW, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 1994 MAR p. 1424, Eff. 5/27/94; AMD, 1996 MAR p. 418, Eff. 2/9/96; AMD, 1997 MAR p. 626, Eff. 4/8/97; AMD, 2001 MAR p. 2152, Eff. 10/26/01; AMD, 2003 MAR p. 1080, Eff. 5/23/03.)

8.32.807 SPECIAL REPORTS (1) The program director is required to notify the board of any proposed substantive change affecting the nursing education program. Substantive changes include, but are not limited to:

(a) changes in legal status, control, ownership or resources of the institution;
(b) change in accreditation or approval status;
(c) major curriculum revisions;
(d) change in degree offerings or program options;
(e) additional geographic sites or locations; and
(f) an expansion involving:

(i) an increase in the number of students served by a program that equals or exceeds the numerator in the student/faculty ratio requirements for clinical settings set by the board and national nursing accrediting agency standards; and

(ii) the increase in (1)(f)(i) requires at least one of the following:

(A) addition of one or more faculty to the program;

(B) addition of clinical experiences at clinical agencies not currently used by the program; or

(C) addition of clinical experiences at clinical agencies currently used by the program, but utilizing nontraditional times or nontraditional instructional methods.

(2) The board will review the special reports at their January or October board meetings. For programs under the jurisdiction of the Montana board of regents, the board will make a recommendation to the Montana board of regents concerning the substantive change. If the board does not complete its review and recommendations in January or October, it shall do so at its next quarterly meeting.

(3) The substantive change report must document how, if at all, the change affects the program's compliance with the board's statutes and rules.

(4) Continued approval of the program is contingent upon the program director's apprising the board of substantive changes.

(5) The program director shall contact the board office to determine whether a particular change constitutes a substantive change for submitting a report to the board.

(6) Fourteen copies of the special report must be sent to the board office for distribution to board members and staff. No further information will be considered by the board if not submitted at least 30 days before the meeting.

(7) For proposed program expansion, at least the following information must be included:

(a) purpose and classification of program;

(b) availability of qualified faculty;

(c) budgeted faculty positions;

(d) availability of adequate clinical and academic facilities for the program;

(e) evidence of financial resources adequate for the planning, implementation, and continuation of the program;

(f) anticipated student population and impact or relationship to current student population, including plans for student academic and financial support;

(g) tentative timetable for planning and initiating the program;

(h) consideration of how the proposed expansion may affect the existing nursing programs in the state, and indication that plans and the feasibility study regarding the proposed expansion have been shared with the directors of existing Montana programs;

(i) population data within the past three years and workforce supply and demand data from the past year documenting the need for the program change as it relates to plans for total state resources and nursing education needs within the

state;

(j) curriculum modifications required to accommodate the targeted student population; and

(k) evidence showing the program's NCLEX pass rates being at or above the national average for at least three of the last five years.

(8) Program expansion means offering additional degrees, adding geographic sites and locations, or otherwise expanding the program.

(9) The board shall approve the request prior to initiation of any requested change.

(10) Any additional information requested by the board must be provided by the program in the period and manner specified by the board. (History: 37-8-202, 37-8-301, MCA; IMP, 37-8-301, 37-8-302, MCA; NEW, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 2001 MAR p. 2152, Eff. 10/26/01; AMD, 2003 MAR p. 1080, Eff. 5/23/03; AMD, 2005 MAR p. 742, Eff. 5/13/05.)

8.32.808 CHANGE IN APPROVAL STATUS (1) The board shall make a change in approval status when a school does not meet all of the requirements of the statutes and rules. The board shall notify the school of a change in approval status and the time and manner in which the school must correct the deficiencies.

(2) Change in approval status may be given for a specific time period. The board may require a special report and/or repeat the site visit during the period of the change in approval status.

(3) If the school does not correct the deficiencies within the time period and in the manner specified, the board may require that the school stop admitting students until the deficiencies are corrected.

(4) The board will not approve a school if requirements are continually unmet. The board shall remove the school from the list of approved schools and notify the applicable national accrediting body.

(5) If the board removes the school's approval status and/or notifies the school to stop admitting students, the school may request a hearing in accordance with the Montana Administrative Procedure Act and Title 37, chapter 1, part 3, MCA.

(6) Once deficiencies are corrected, the board shall reinstate the program to conditional or approval status.

(7) A program on conditional approval cannot be considered for any type of program expansion. (History: Sec. 37-8-202, 37-8-301, MCA; IMP, Sec. 37-8-301, 37-8-302, MCA; NEW, 2003 MAR p. 1080, Eff. 5/23/03.)

Sub-Chapter 9

Standard for Montana Schools of Professional Nursing

8.32.901 STATEMENT OF PURPOSE is hereby repealed. (History: Sec. 37-8-202, 37-8-301, MCA; IMP, Sec. 37-8-301, 37-8-302, MCA; Eff. 12/31/72; AMD, Eff. 5/6/76; TRANS, from Dept. of Prof. & Occup. Lic., C. 274, L. 1981, Eff. 7/1/81;

AMD, 1988 MAR p. 2720, Eff. 12/23/88; AMD, 1991 MAR p. 2435, Eff. 12/13/91; REP, 1997 MAR p. 626, Eff. 4/8/97.)

8.32.902 PHILOSOPHY, PURPOSE, CONCEPTUAL FRAMEWORK AND TERMINAL OBJECTIVES is hereby repealed. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, 37-8-301, 37-8-302, MCA; Eff. 12/31/72; AMD, Eff. 5/6/76; TRANS, from Dept. of Prof. & Occup. Lic., C. 274, L. 1981, Eff. 7/1/81; AMD, 1982 MAR p. 286, Eff. 2/12/82; AMD, 1988 MAR p. 2720, Eff. 12/23/88; REP, 1997 MAR p. 626, Eff. 4/8/97.)

8.32.903 CURRICULUM is hereby repealed. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, 37-8-301, 37-8-302, MCA; Eff. 12/31/72; AMD, Eff. 5/6/76; TRANS, from Dept. of Prof. & Occup. Lic., C. 274, L. 1981, Eff. 7/1/81; AMD, 1988 MAR p. 2720, Eff. 12/23/88; REP, 1997 MAR p. 626, Eff. 4/8/97.)

8.32.904 CURRICULUM PLANNING is hereby repealed. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, 37-8-301, 37-8-302, MCA; Eff. 12/31/72; AMD, Eff. 5/6/76; TRANS, from Dept. of Prof. & Occup. Lic., C. 274, L. 1981, Eff. 7/1/81; AMD, 1988 MAR p. 2720, Eff. 12/23/88; REP, 1997 MAR p. 626, Eff. 4/8/97.)

8.32.905 AREAS OF CURRICULUM CONTENT is hereby repealed. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, 37-8-301, 37-8-302, MCA; Eff. 12/31/72; AMD, Eff. 5/6/76; TRANS, from Dept. of Prof. & Occup. Lic., C. 274, L. 1981, Eff. 7/1/81; AMD, 1982 MAR p. 287, Eff. 2/12/82; AMD, 1988 MAR p. 2720, Eff. 12/23/88; REP, 1997 MAR p. 626, Eff. 4/8/97.)

8.32.906 EVALUATION is hereby repealed. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, 37-8-301, 37-8-302, MCA; Eff. 12/31/72; AMD, Eff. 5/6/76; TRANS, from Dept. of Prof. & Occup. Lic., C. 274, L. 1981, Eff. 7/1/81; AMD, 1982 MAR p. 287, Eff. 2/12/82; AMD, 1988 MAR p. 2720, Eff. 12/23/88; REP, 1997 MAR p. 626, Eff. 4/8/97.)

8.32.907 ORGANIZATION AND ADMINISTRATION OF THE SCHOOLS OF NURSING is hereby repealed. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, 37-8-301, 37-8-302, MCA; Eff. 12/31/72; AMD, Eff. 5/6/76; TRANS, from Dept. of Prof. & Occup. Lic., C. 274, L. 1981, Eff. 7/1/81; AMD, 1982 MAR p. 286, Eff. 2/12/82; AMD, 1988 MAR p. 2720, Eff. 12/23/88; REP, 1997 MAR p. 626, Eff. 4/8/97.)

8.32.908 THE INDEPENDENT SCHOOL is hereby repealed. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-301, 37-8-302, MCA; Eff. 12/31/72; AMD, Eff. 5/6/76; TRANS, from Dept. of Prof. & Occup. Lic., C. 274, L. 1981, Eff. 7/1/81; REP, 1982 MAR p. 287, Eff. 2/12/82.)

8.32.909 FACULTY is hereby repealed. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, 37-8-301, 37-8-302, MCA; Eff. 12/31/72; AMD, Eff. 5/6/76; TRANS, from Dept. of Prof. & Occup. Lic., C. 274, L. 1981, Eff. 7/1/81; AMD, 1982 MAR p. 287, Eff.

2/12/82; AMD, 1988 MAR p. 2720, Eff. 12/23/88; AMD, 1991 MAR p. 2435, Eff. 12/13/91; REP, 1997 MAR p. 626, Eff. 4/8/97.)

8.32.910 EDUCATIONAL FACILITIES is hereby repealed.
(History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, 37-8-301, 37-8-302, MCA; Eff. 12/31/72; AMD, Eff. 5/6/76; TRANS, from Dept. of Prof. & Occup. Lic., C. 274, L. 1981, Eff. 7/1/81; AMD, 1982 MAR p. 286, Eff. 2/12/82; AMD, 1988 MAR p. 2720, Eff. 12/23/88; REP, 1997 MAR p. 626, Eff. 4/8/97.)

8.32.911 SELECTION AND ADMISSION OF STUDENTS is hereby repealed.
(History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, 37-8-301, 37-8-302, MCA; Eff. 12/31/72; AMD, Eff. 5/6/76; TRANS, from Dept. of Prof. & Occup. Lic., C. 274, L. 1981, Eff. 7/1/81; AMD, 1982 MAR p. 287, Eff. 2/12/82; AMD, 1988 MAR p. 2720, Eff. 12/23/88; REP, 1997 MAR p. 626, Eff. 4/8/97.)

8.32.912 GENERAL WELFARE OF STUDENTS is hereby repealed.
(History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, 37-8-301, 37-8-302, MCA; Eff. 12/31/72; AMD, Eff. 5/6/76; TRANS, from Dept. of Prof. & Occup. Lic., C. 274, L. 1981, Eff. 7/1/81; AMD, 1982 MAR p. 286, Eff. 2/12/82; REP, 1988 MAR p. 2720, Eff. 12/23/88.)

8.32.913 PROMOTION AND GRADUATION is hereby repealed.
(History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, 37-8-301, 37-8-302, MCA; Eff. 12/31/72; AMD, Eff. 5/6/76; TRANS, from Dept. of Prof. & Occup. Lic., C. 274, L. 1981, Eff. 7/1/81; AMD, 1982 MAR p. 286, Eff. 2/12/82; AMD, 1988 MAR p. 2720, Eff. 12/23/88; REP, 1997 MAR p. 626, Eff. 4/8/97.)

8.32.914 REPORTS is hereby repealed. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, 37-8-301, 37-8-302, MCA; NEW, 1982 MAR p. 286, Eff. 2/12/82; REP, 1988 MAR p. 2720, Eff. 12/23/88.)

Sub-Chapter 10

Standards for Montana Schools of Practical Nursing

8.32.1001 INTRODUCTION is hereby repealed. (History: Sec. 37-8-202, 37-8-301, MCA; IMP, Sec. 37-8-301, 37-8-302, MCA; Eff. 12/31/72; AMD, Eff. 5/6/76; TRANS, from Dept. of Prof. & Occup. Lic., C. 274, L. 1981, Eff. 7/1/81; AMD, 1991 MAR p. 2435, Eff. 12/13/91; REP, 1997 MAR p. 626, Eff. 4/8/97.)

8.32.1002 DEFINITIONS is hereby repealed. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, 37-8-301, 37-8-302, MCA; Eff. 12/31/72; AMD, Eff. 5/6/76; AMD, 1980 MAR p. 2970, Eff. 11/29/80; TRANS, from Dept. of Prof. & Occup. Lic., C. 274, L. 1981, Eff. 7/1/81; AMD, 1982 MAR p. 1603, Eff. 8/27/82; AMD, 1988 MAR p. 2720, Eff. 12/23/88; REP, 1997 MAR p. 626, Eff. 4/8/97.)

8.32.1003 PHILOSOPHY AND OBJECTIVES is hereby repealed.
(History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, 37-8-301,

37-8-302, MCA; Eff. 12/31/72; AMD, Eff. 5/6/76; AMD, 1980 MAR p. 2970, Eff. 11/29/80; TRANS, from Dept. of Prof. & Occup. Lic., C. 274, L. 1981, Eff. 7/1/81; REP, 1997 MAR p. 626, Eff. 4/8/97.)

8.32.1004 ADMINISTRATION AND ORGANIZATION is hereby repealed. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, 37-8-301, 37-8-302, MCA; Eff. 12/31/72; AMD, Eff. 5/6/76; AMD, 1980 MAR p. 2970, Eff. 11/29/80; TRANS, from Dept. of Prof. & Occup. Lic., C. 274, L. 1981, Eff. 7/1/81; REP, 1997 MAR p. 626, Eff. 4/8/97.)

8.32.1005 FACULTY is hereby repealed. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, 37-8-301, 37-8-302, MCA; Eff. 12/31/72; AMD, Eff. 5/6/76; AMD, 1980 MAR p. 2970, Eff. 11/29/80; TRANS, from Dept. of Prof. & Occup. Lic., C. 274, L. 1981, Eff. 7/1/81; REP, 1997 MAR p. 626, Eff. 4/8/97.)

8.32.1006 STUDENTS is hereby repealed. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, 37-8-301, 37-8-302, MCA; Eff. 12/31/72; AMD, Eff. 5/6/76; AMD, 1980 MAR p. 2970, Eff. 11/29/80; TRANS, from Dept. of Prof. & Occup. Lic., C. 274, L. 1981, Eff. 7/1/81; REP, 1997 MAR p. 626, Eff. 4/8/97.)

8.32.1007 CURRICULUM is hereby repealed. (History: Sec. 37-8-202, 37-8-301, MCA; IMP, Sec. 37-8-202, 37-8-301, 37-8-302, MCA; Eff. 12/31/72; AMD, Eff. 5/6/76; AMD, 1980 MAR p. 2970, Eff. 11/29/80; TRANS, from Dept. of Prof. & Occup. Lic., C. 274, L. 1981, Eff. 7/1/81; AMD, 1991 MAR p. 2435, Eff. 12/13/91; REP, 1997 MAR p. 626, Eff. 4/8/97.)

8.32.1008 RESOURCES AND FACILITIES is hereby repealed. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, 37-8-301, 37-8-302, MCA; Eff. 12/31/72; AMD, Eff. 5/6/76; AMD, 1980 MAR p. 2970, Eff. 11/29/80; TRANS, from Dept. of Prof. & Occup. Lic., C. 274, L. 1981, Eff. 7/1/81; REP, 1997 MAR p. 626, Eff. 4/8/97.)

8.32.1009 RECORDS AND PUBLICATIONS is hereby repealed. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, 37-8-301, 37-8-302, MCA; Eff. 12/31/71; AMD, Eff. 5/6/76; AMD, 1980 MAR p. 2970, Eff. 11/29/80; TRANS, from Dept. of Prof. Occup. Lic., C. 274, L. 1981, Eff. 7/1/81; REP, 1997 MAR p. 626, Eff. 4/8/97.)

8.32.1010 EVALUATION is hereby repealed. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, 37-8-301, 37-8-302, MCA; NEW, 1980 MAR p. 2970, Eff. 11/29/80; TRANS, from Dept. of Prof. & Occup. Lic., C. 274, L. 1981, Eff. 7/1/81; REP, 1997 MAR p. 626, Eff. 4/8/97.)

Sub-Chapter 11

Standards for Montana Nursing Education Programs

8.32.1101 EFFECTIVE DATE OF ARM 8.32.1101 THROUGH

8.32.1116 (1) ARM 8.32.1101 through 8.32.1116 will be effective on July 1, 1997. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-301, MCA; NEW, 1997 MAR p. 626, Eff. 7/1/97.)

8.32.1102 STATEMENT OF PURPOSE (1) These requirements provide a basis for the board to evaluate and approve nursing education programs and a format for nursing faculty and administrators to plan, implement and evaluate nursing education for the following professional and practical nursing programs:

(a) professional baccalaureate degree education for RN preparation;

(b) professional associate degree education for RN preparation; and

(c) associate degree education or certification for practical nursing preparation.

(2) The following rules set forth general requirements regarding all nursing education and specific requirements regarding:

(a) curricula for:

(i) professional baccalaureate degree education for RN preparation;

(ii) professional associate degree education for RN preparation; and

(iii) associate degree education or certification for practical nursing preparation;

(b) faculty qualifications and responsibilities; and

(c) administrative roles and functions.

(3) These rules represent minimum requirements. The board shall interpret these rules to ensure that minimum requirements are met and to allow flexibility to determine the scope, limits and direction of the nursing education program.

(History: Sec. 37-8-202, 37-8-301, MCA; IMP, Sec. 37-8-301, MCA; NEW, 1997 MAR p. 626, Eff. 7/1/97; AMD, 2003 MAR p. 1080, Eff. 5/23/03.)

8.32.1103 PHILOSOPHY, EDUCATIONAL OBJECTIVES, AND EXPECTED OUTCOMES (1) The faculty of the nursing education program shall develop and approve statements of philosophy, educational objectives, and expected outcomes that are consistent with those of the parent institution and with the statutes and rules governing the practice of nursing.

(2) The philosophy must include statements about nursing practice and nursing education.

(3) The above information must be included in the program catalog or otherwise made available to students. (History: Sec. 37-8-202, 37-8-301, MCA; IMP, Sec. 37-8-301, MCA; NEW, 1997 MAR p. 626, Eff. 7/1/97; AMD, 2003 MAR p. 1080, Eff. 5/23/03.)

8.32.1104 CURRICULUM - GENERAL REQUIREMENTS FOR PROFESSIONAL NURSING EDUCATION: BACCALAUREATE AND ASSOCIATE DEGREE PROGRAMS (1) A curriculum is the content and learning experiences designed to facilitate student achievement of the educational objectives.

(2) The faculty shall develop, review and update the

curriculum on an ongoing basis. The curriculum for the professional nursing educational programs must meet the following general criteria:

- (a) reflect the philosophy, organizational framework, purpose and educational objectives of the nursing education program and be consistent with the laws governing the practice of professional nursing;

- (b) contain content and learning experiences designed to facilitate student achievement of the educational objectives;

- (c) contain learning experiences and instructional methods appropriate to fulfill curriculum objectives;

- (d) reflect future nursing practice of the graduate;

- (e) contain adequate nursing course work and clinical experiences to develop safe and effective nursing practice; and

- (f) address present and future health care needs.

(3) The curriculum shall include concepts related to the promotion, maintenance and restoration of the health of clients across the lifespan. Board content areas and learning activities include, but are not limited to:

- (a) healthy lifestyles and risk factors;

- (b) health needs and alterations across the lifespan;

- (c) acute and chronic health needs; and

- (d) health needs related to social and environmental trends.

(4) The curriculum shall include non-nursing courses that provide knowledge in relevant physical sciences, social sciences and arts and humanities.

(a) Physical science course content shall include, but not be limited to:

- (i) chemistry;

- (ii) anatomy;

- (iii) physiology;

- (iv) microbiology;

- (v) nutrition;

- (vi) mathematics;

- (vii) physics;

- (viii) pharmacology; and

- (ix) pathophysiology.

(b) Social sciences, and arts and humanities course content shall include, but not be limited to:

- (i) human growth and development;

- (ii) psychology;

- (iii) sociology;

- (iv) communications;

- (v) ethics; and

- (vi) economics.

(5) The length, organization and placement of courses must be consistent with the philosophy and objectives of the program. Course organization and sequencing shall assure that prerequisite concepts and understanding are used and further developed as the program progresses. Course instruction should focus on understanding and application of knowledge, and extend throughout the program.

(6) For each clinical credit hour, there shall be at least two hours of applied laboratory experience. (History: Sec. 37-8-202, 37-8-301, MCA; IMP, Sec. 37-8-301, MCA; NEW,

1997 MAR p. 626, Eff. 7/1/97.)

8.32.1105 CURRICULUM - SPECIFIC TO BACCALAUREATE DEGREE

(1) The baccalaureate degree nurse graduate shall be prepared to plan, deliver and coordinate care for clients including individuals, families and communities in a variety of structured and unstructured settings with an emphasis on care management, complex care situations and clients with unpredictable outcomes. The baccalaureate degree nurse functions as a change agent in the health care system and utilizes nursing research findings in the delivery of care. (Adapted from America Association of Colleges of Nursing Position Statement: Nursing Education's Agenda for the 21st Century.) (History: Sec. 37-8-202, 37-8-301, MCA; IMP, Sec. 37-8-301, MCA; NEW, 1997 MAR p. 626, Eff. 7/1/97.)

8.32.1106 CURRICULUM - SPECIFIC TO ASSOCIATE DEGREE

(1) The role of the associate degree nurse graduate is to provide direct care to clients, individuals or groups, in a variety of structured settings with clear policies and procedures. Within this context, the curriculum must relate to the roles of the provider of the associate degree nurse as provider of care, manager of care and member of the discipline of nursing. (Adapted from the National League for Nursing, Educational Outcomes of Associate Degree Nursing Programs: Roles and Competencies, 1990.)

(a) As a provider of care, the associate degree nurse must demonstrate the following:

- (i) critical thinking;
- (ii) accountability;
- (iii) clinical decision-making through use of the nursing process;
- (iv) effective communication with clients, families and health team members;
- (v) teaching and collaboration with the client and family;
- (vi) collaboration with members of the health care team; and
- (vii) sensitivity to individual and cultural diversity.

(b) As a manager of care, the associate degree nurse must demonstrate the following:

- (i) coordination of care for a group of clients using collaboration and consultation;
- (ii) organization and delegation of nursing care;
- (iii) information management;
- (iv) client advocacy; and
- (v) evaluation of health care delivery using client-centered outcomes.

(c) As a member of the discipline of nursing the associate degree nurse must demonstrate basic knowledge in the following:

- (i) self-assessment and development and continuous learning;
- (ii) ethical-legal framework for nursing practice;
- (iii) advancement of nursing practice through professional activities;

(iv) political, economic and societal forces affecting nursing practice and health care delivery; and

(v) health care change and nursing research.

(2) Non-nursing courses must provide graduates with basic knowledge in the relevant physical sciences, social sciences and arts and humanities. (History: Sec. 37-8-202, 37-8-301, MCA; IMP, Sec. 37-8-301, MCA; NEW, 1997 MAR p. 626, Eff. 7/1/97.)

8.32.1107 CURRICULUM REQUIREMENTS FOR PRACTICAL NURSING PROGRAMS (1) The primary role of the practical nurse graduate is to provide nursing care for clients in structured health care settings who are experiencing common, well-defined health problems. In their roles as members of the discipline of nursing, practical nurses actively participate in and subscribe to the legal and ethical tenets of the discipline. The practical nurse functions under supervision as set forth in 37-8-102, MCA. (Adapted from National League for Nursing, Council of Practical Nursing Programs, 1989.)

(2) The curriculum must include basic knowledge of:

(a) nursing process;

(b) client's physiological needs;

(c) client's psychosocial needs; and

(d) maintenance and promotion of health.

(3) The curriculum must provide for progressive development of knowledge, skills and professional conduct.

(4) The choice and placement of courses, selection of learning activities and the organization of these must provide continuity, sequence and integration in the total curriculum.

(5) Learning experiences must be based on written behavioral objectives which include demonstration of knowledge, comprehension and application.

(6) The program must include practical nursing theory and guided clinical practice based on the nursing process. It must include the content essential to current practice in practical nursing.

(7) The practical nurse student shall successfully complete coursework related to the role of charge nurse in the following areas to prepare the graduate practical nurse to serve as a charge nurse:

(a) leadership;

(b) telephone orders;

(c) transcribing orders;

(d) documentation;

(e) nursing process;

(f) prioritization;

(g) organization; and

(h) delivery of long term care.

(8) Content of the course work related to the role of charge nurse shall be developed in recognition of the role of charge nurse as supervisor of care provided as well as care needed, assessment of clients, notifying the professional nurse supervisor, notifying physicians and the administration of medications and treatments.

(9) The practical nurse student shall successfully complete courses in the following areas to prepare the graduate

practical nurse to administer intravenous therapy:

- (a) fluid and electrolytes;
- (b) intravenous solutions [of the following types]:
 - (i) isotonic;
 - (ii) hypotonic;
 - (iii) hypertonic.
- (c) infection control;
- (d) pharmacology;
- (e) technology and clinical application;
- (f) parenteral nutrition;
- (g) documentation;
- (h) nursing process in relation to IV therapy; and
- (i) institutional policies.

(10) Content of the courses shall be developed in recognition of the role of the licensed practical nurse to perform intravenous therapy in accordance with the standards set forth at ARM 8.32.1409. (History: Sec. 37-8-202, 37-8-301, MCA; IMP, Sec. 37-8-301, MCA; NEW, 1997 MAR p. 626, Eff. 7/1/97.)

8.32.1108 PROGRAM EVALUATION (1) All nursing programs must have a formal evaluation plan developed by the faculty that is conducted on a regular basis and must include opportunity for student participation.

(2) Evaluations must address the following areas:

- (a) the philosophy, educational objectives, and expected outcomes;
- (b) the curriculum;
- (c) policies governing recruitment, selection, progression, graduation and other matters affecting education and health of students;
- (d) factors contributing to faculty development, evaluation and effectiveness;
- (e) the adequacy of clinical facilities for student experiences in a variety of inpatient and community-based settings;
- (f) the adequacy of educational facilities including classrooms, technology, skills laboratories and library/information resources; and
- (g) health policy requirements.

(3) Program revisions must be based on evidence collected through the evaluation process. (History: Sec. 37-8-202, 37-8-301, MCA; IMP, Sec. 37-8-301, MCA; NEW, 1997 MAR p. 626, Eff. 7/1/97; AMD, 2003 MAR p. 1080, Eff. 5/23/03.)

8.32.1109 ORGANIZATION AND ADMINISTRATION OF THE NURSING EDUCATION PROGRAM (1) Parent institutions conducting a nursing program must be accredited by the appropriate regional accrediting bodies.

(2) All agencies with which the program maintains cooperative agreements for use as clinical laboratories must have licensure, approval or accreditation appropriate to each agency.

(a) Cooperative agreements between nursing programs and clinical facilities must be current, in writing and signed by the responsible officers of each and must include the

following:

(i) faculty responsibilities for teaching and clinical supervision of students, including responsibilities for planning and supervising learning experiences;

(ii) student responsibilities; and

(iii) expectations regarding the health status of students and faculty in a variety of settings.

(3) The organizational structure of the nursing program must be comparable to similar programs of the parent institution.

(4) Institutional policies governing the nursing program must be consistent with those policies governing other educational programs of the parent institution.

(5) Faculty and administration should participate in governance of the parent institution and policy development, including but not limited to, matters related to appeals and grievances. Policies governing faculty employment, promotion and tenure must be in writing and consistent with those of the parent institution.

(6) A nursing education program must provide students with written policies regarding:

(a) admission, readmission, progression, dismissal and graduation requirements;

(b) personal health practices, designed to protect students, clients and faculty members, and requiring student compliance;

(c) information regarding the process of obtaining a license;

(d) access to the institution/program catalog; and

(e) opportunity for students to participate in program policy development.

(7) Programs must maintain current records of student achievement within the program and provide students with timely evaluations based on educational objectives.

(8) Faculty members or other qualified persons shall be responsible for providing timely academic advice to students.

(History: Sec. 37-8-202, 37-8-301, MCA; IMP, Sec. 37-8-301, MCA; NEW, 1997 MAR p. 626, Eff. 7/1/97; AMD, 2003 MAR p. 1080, Eff. 5/23/03.)

8.32.1110 PROGRAM DIRECTOR (1) Baccalaureate and associate degree RN programs must be administered by a full-time program director who shall be responsible for program administration and preparation, presentation and administration of the budget of the nursing program. The directors of the professional programs shall possess the following licensure, education and experience qualifications:

(a) a current unencumbered license to practice as a registered nurse in the state of Montana;

(b) at least two years of experience in nursing practice; and

(c) at least two years of experience in nursing education, including didactic and clinical teaching.

(2) The director of the baccalaureate program shall possess a doctorate in nursing or a related field, from a nationally recognized accredited program, with preparation in

education and administration. If a master's degree is not held, one of the graduate degrees must be in nursing.

(a) The board may allow an exception to the educational requirement of a doctorate for a period not to exceed one academic year. Such an exception would require the interim director to hold at least a master's degree in nursing.

(3) The director of the associate of science degree RN program shall possess a master's degree in nursing or public health with a major in nursing, from a nationally recognized accredited program, with preparation in education and administration.

(4) Practical nursing education programs must be administered by a full-time program director who shall devote a minimum of 50% time to administrative activities and shall possess the following qualifications:

(a) a current unencumbered license to practice as a registered nurse in the state of Montana;

(b) a master's degree with a major in nursing or a minimum of a baccalaureate degree in nursing, supplemented by courses in curriculum development, principles and methods of teaching and measurement and evaluation;

(c) at least two years of experience in nursing practice; and

(d) at least two years of experience in nursing education, including didactic and clinical teaching.

(5) All program directors shall have appropriate rank, position and authority to carry out the duties set forth above.

(History: Sec. 37-8-202, 37-8-301, MCA; IMP, Sec. 37-8-301, MCA; NEW, 1997 MAR p. 626, Eff. 7/1/97; AMD, 2001 MAR p. 167, Eff. 1/26/01; AMD, 2003 MAR p. 1080, Eff. 5/23/03.)

8.32.1111 FACULTY (1) There must be a sufficient number of qualified faculty to meet the purposes and objectives of the nursing program. Faculty includes all nurses employed by the program to provide didactic and/or clinical/laboratory experiences, except clinical resource nurses and preceptors.

(2) Faculty shall have primary responsibility for the development and conduct of the academic program(s), including participation in program policy development.

(3) Faculty shall maintain continuing professional development in each area of academic responsibility.

(4) Faculty members who have responsibility for clinical teaching shall have relevant education and/or experience.

(5) Faculty member titles should be consistent with faculty functions and the same as or equivalent to titles of faculty of other units of the parent institution.

(6) Faculty members shall be responsible for:

(a) planning, implementing and evaluating learning experiences;

(b) participating in academic student advising;

(c) providing for student and peer evaluation of teaching effectiveness;

(d) evaluating student achievement in terms of education objectives;

(e) providing opportunity for creative student activities that contribute to positive changes in nursing, nursing

education or health care;

(f) providing service to the parent institution, nursing program, profession and community; and

(g) participating in the selection of new faculty and the promotion and tenure of other faculty.

(7) Faculty workloads should be equitable, and must allow time for:

(a) class and lab preparation;

(b) teaching;

(c) program revision;

(d) improvements of teaching methods;

(e) guidance of students;

(f) participation in faculty organization and committees;

(g) attendance at professional meetings; and

(h) participation in continuing education activities.

(8) Written job descriptions and performance expectations must be available for each position.

(9) Personnel policies must be in writing and must include selection, appointment, promotion, and faculty development. (History: Sec. 37-8-202, 37-8-301, MCA; IMP, Sec. 37-8-301, MCA; NEW, 1997 MAR p. 626, Eff. 7/1/97; AMD, 2003 MAR p. 1080, Eff. 5/23/03.)

8.32.1112 FACULTY FOR REGISTERED NURSING (1) All nursing faculty members, including part-time faculty, shall:

(a) hold an unencumbered license as a registered nurse in Montana;

(b) have preparation for teaching in their respective area of responsibility; and

(c) except as provided in this rule, hold at least a master's degree with a major in nursing, or a doctorate in nursing, from a nationally accredited program.

(2) Faculty members hired without a graduate degree or who hold a master's or doctorate in a health-related field other than nursing may be considered by the board and, if approved, shall not exceed the number or percentage specified by this rule.

(3) Faculty members not holding any master's degree will have three years from the date of hire to obtain a master's degree as set forth by the faculty qualifications.

(4) For each faculty member who does not meet the education requirements of (1), the program director shall immediately notify the board in writing of the hire of the non-master's prepared faculty member along with a plan to address compliance with the education requirements.

(5) Failure to comply with this rule constitutes non-compliance with board rules, and will subject the program to action deemed appropriate by the board, including loss of the program's approval.

(6) A maximum of 10% or two faculty members, whichever is greater based on FTE, may come under the exception at any point in time at a given school.

(7) When providing direct patient care, no more than 10 students may be supervised at a time by a faculty member. The number of students must be determined by the educational and clinical resources and faculty sufficient to meet the goals of

the program and the requirements of the board. (History: Sec. 37-8-202, 37-8-301, MCA; IMP, Sec. 37-8-301, MCA; NEW, 1997 MAR p. 626, Eff. 7/1/97; AMD, 2003 MAR p. 1080, Eff. 5/23/03.)

8.32.1113 FACULTY - PRACTICAL NURSE PROGRAM (1) All nursing faculty, including part-time, shall hold at least a baccalaureate in nursing or a master's degree from a nationally accredited program supplemented by courses in curriculum development, principles and methods of teaching, measurement and evaluation.

(2) Faculty members shall:

(a) have at least two years experience in registered nursing practice within the last five years; and

(b) hold a current unencumbered license to practice professional nursing in the state of Montana.

(3) When providing direct patient care, no more than 10 students may be supervised at a time by a faculty member. The number of students must be determined by the educational and clinical resources and faculty sufficient to meet the goals of the program and the requirements of the board.

(4) A maximum of 10% or two faculty members, whichever is greater based on full-time equivalents, may qualify under an exception at any point in time at a given school. (History: Sec. 37-8-202, 37-8-301, MCA; IMP, Sec. 37-8-301, MCA; NEW, 1997 MAR p. 626, Eff. 7/1/97; AMD, 2003 MAR p. 1080, Eff. 5/23/03.)

8.32.1114 PRECEPTORS (1) When utilizing preceptors, faculty members are responsible for:

(a) ensuring safe, accessible and appropriate supervision based on client health status, care setting, course objectives and student level of preparation; and

(b) lecture and laboratory portions of a course.

(2) In registered nursing education programs, preceptors may assist with clinical teaching provided the preceptor:

(a) holds a current unencumbered license as a registered nurse in Montana; and

(b) works with students on a one-to-one basis in the clinical setting.

(3) In practical nursing education programs, preceptors may assist with clinical teaching provided the preceptor:

(a) holds a current unencumbered license as a registered nurse or practical nurse in Montana; and

(b) works with students on a one-to-one basis in the clinical setting. (History: Sec. 37-8-202, 37-8-301, MCA; IMP, Sec. 37-8-301, MCA; NEW, 1997 MAR p. 626, Eff. 7/1/97; AMD, 2003 MAR p. 1080, Eff. 5/23/03.)

8.32.1115 PRECEPTORS - PRACTICAL NURSE PROGRAM is hereby repealed. (History: Sec. 37-8-202, 37-8-301, MCA; IMP, Sec. 37-8-301, MCA; NEW, 1997 MAR p. 626, Eff. 7/1/97; REP, 2003 MAR p. 1080, Eff. 5/23/03.)

8.32.1116 EDUCATIONAL FACILITIES (1) There must be safe and accessible physical facilities and resources for students and faculty.

(2) Physical facilities must be designed to meet the educational and clinical needs of the program. Classrooms, laboratories, offices and conference rooms must be of adequate size, number and type according to the number of students and purposes for which these areas are to be used.

(3) The program must ensure:

(a) adequate supplies and equipment, including computer resources and audio visual aids; and

(b) adequate and convenient access by students and faculty to library/information resources, including sufficient titles, periodicals, computer data bases and similar media resources.

(4) Clinical resources must be:

(a) delineated in and applicable to the educational objectives of the program; and

(b) under the control and supervision of the nursing faculty.

(5) Each program director, with faculty input, shall determine appropriate student-instructor ratios in the clinical setting. The ratio must provide safe, accessible and appropriate supervision based on client health status, care setting and student level of preparation. The ratio must not exceed 10 students to one instructor. (History: Sec. 37-8-202, 37-8-301, MCA; IMP, Sec. 37-8-301, MCA; NEW, 1997 MAR p. 626, Eff. 7/1/97; AMD, 2003 MAR p. 1080, Eff. 5/23/03.)

8.32.1117 STUDENTS is hereby repealed. (History: Sec. 37-8-202, 37-8-301, MCA; IMP, Sec. 37-8-301, MCA; NEW, 1997 MAR p. 626, Eff. 4/8/97; REP, 2003 MAR p. 1080, Eff. 5/23/03.)

8.32.1118 RECOGNIZED ACCREDITATION BODIES (1) The board recognizes the following national accreditation bodies:

(a) commission on collegiate nursing education (CCNE); and

(b) national league for nursing accrediting commission (NLNAC).

(2) The board recognizes the following regional accreditation body:

(a) northwest association of schools and colleges. (History: Sec. 37-8-202, 37-8-301, MCA; IMP, Sec. 37-8-301, 37-8-302, MCA; NEW, 2003 MAR p. 1080, Eff. 5/23/03; AMD, 2004 MAR p. 641, Eff. 3/26/04.)

8.32.1119 CLINICAL RESOURCE REGISTERED NURSES (CRRNS)

(1) A clinical resource registered nurse (CRRN) is an RN with an unencumbered Montana nursing license who provides supervision, demonstration and evaluation of direct patient care in a clinical or laboratory setting to students enrolled in a nursing education program.

(2) The maximum number of nursing students a CRRN may work with at any one time is 10.

(3) Although a CRRN is not considered to be a faculty member of a program, a CRRN may be used by the program to maintain a 10:1 student-to-instructor supervision ratio in a clinical or laboratory setting.

(4) When using CRRNs, faculty members remain responsible

for:

(a) ensuring safe, accessible and appropriate supervision based on client health status, care setting, course objectives and student level of preparation; and

(b) the lecture and laboratory portions of a course.

(History: Sec. 37-8-202, 37-8-301, MCA; IMP, Sec. 37-8-301, 37-8-302, MCA; NEW, 2003 MAR p. 1080, Eff. 5/23/03.)

Sub-Chapters 12 and 13 reserved

Sub-Chapter 14

Standards for Nursing Practice

8.32.1401 DEFINITIONS As used in this sub-chapter, the following definitions apply:

(1) "Allowable routes" means oral, sublingual, topical, ophthalmic, otic, nasal, and inhalant methods of administration, except as otherwise provided by rule.

(2) "Board" - the Montana board of nursing.

(3) "Competency" - performing skillfully and proficiently the functions that are within the role of the licensee; and demonstrating the interrelationship of essential knowledge, judgment and skills.

(4) "General supervision", with respect to a medication aide, means at least quarterly on-site review, by a supervising nurse, of a medication aide's medication administration skills and the guidance of a supervising nurse to include a written plan addressing questions and situations that may arise when the supervising nurse is not available. Such a plan must include access to a health care professional.

(5) "Health team" - a group of health care providers which may, in addition to health care practitioners, include the client, family and significant others.

(6) "Medication aide" means an employee of an assisted living facility who, under the general supervision of a Montana licensed nurse, administers PRN and routine medication as defined herein, to residents of the assisted living facility, and who:

(a) is 18 years of age or older;

(b) has a high school diploma; and

(c) has successfully passed a board approved medication aide training program and examination.

(7) "Nursing process" - the traditional systematic method nurses use when they provide nursing care, including assessment, nursing analysis, planning, nursing intervention and evaluation.

(8) "Peer review" - the process of evaluating the practice of nursing, conducted by other nurses with similar qualifications.

(9) "Prescribing" - specifying nursing intervention(s) intended to implement the defined strategy of care. This includes the nursing behaviors that nurses shall perform when delivering nursing care, though not necessarily sequentially or all in each given situation: assessment, nursing analysis, planning, nursing intervention and evaluation.

(10) "PRN medication" ("pro re nata", Latin for "according

as circumstances may require") means medication taken as necessary for the specific reason stated in the medication order, together with specific instructions for its use.

(11) "Routine medication" means medication taken regularly at the same time each day using the same route, or on the same days of the week, at the same time, using the same route.

(12) "Standard" - an authoritative statement by which the board can judge the quality of nursing education or practice.

(13) "Strategy of care" - the goal-oriented plan developed to assist individuals or groups to achieve optimum health potential. This includes initiating and maintaining comfort measures, promoting and supporting human functions and responses, establishing an environment conducive to well being, providing health counseling and teaching, and collaborating on certain aspects of the medical regimen, including but not limited to the administration of medications and treatments. (History: Sec. 37-1-131, 37-8-202, MCA; IMP, Sec. 37-1-131, 37-8-101, 37-8-102, 37-8-202, 37-8-422, MCA; NEW, 1985 MAR p. 1556, Eff. 10/18/85; AMD, 1997 MAR p. 626, Eff. 4/8/97; AMD, 2004 MAR p. 2393, Eff. 10/8/04.)

8.32.1402 PURPOSE OF STANDARDS OF NURSING PRACTICE FOR THE REGISTERED NURSE The purpose of the standards is

(1) to establish minimal acceptable levels of safe effective practice for the registered nurse.

(2) to serve as a guide for the board to evaluate safe and effective nursing care. (History: Sec. 37-1-131, 37-8-202, MCA; IMP, Sec. 37-1-131, 37-8-202, MCA; NEW, 1985 MAR p. 1556, Eff. 10/18/85.)

8.32.1403 STANDARDS RELATED TO THE REGISTERED NURSE'S RESPONSIBILITY TO APPLY THE NURSING PROCESS The registered nurse shall:

(1) conduct and document nursing assessments of the health status of individuals and groups by:

(a) collecting objective and subjective data from observations, examinations, interviews and written records in an accurate and timely manner. The data includes, but is not limited to:

- (i) biophysical, emotional and mental status;
- (ii) growth and development;
- (iii) cultural, spiritual and socio-economic background;
- (iv) family health history;
- (v) information collected by other health team members;
- (vi) client knowledge and perception about health status and potential, or maintaining health status;
- (vii) ability to perform activities of daily living;
- (viii) patterns of coping and interacting;
- (ix) consideration of client's health goals;
- (x) environmental factors (e.g. physical, social, emotional and ecological); and
- (xi) available and accessible human and material resources.

(b) sorting, selecting, reporting and recording the data;

(c) validating, refining and modifying the data by utilizing available resources, including interactions with the

client, family, significant others and health team members.

(2) establish and document nursing analysis which serves as the basis for the strategy of care;

(3) develop the strategy of care based upon data gathered in the assessment and conclusions drawn in the nursing analysis. This includes:

(a) identifying priorities in the strategy of care;

(b) collaboration with the client to set realistic and measurable goals to implement the strategy of care;

(c) prescribing nursing intervention(s) based on the nursing analysis;

(d) identifying measures to maintain comfort, to support human functions and positive responses, to maintain an environment conducive to teaching to include appropriate usage of health care facilities.

(4) implement the strategy of care by:

(a) initiating nursing interventions through;

(i) giving direct care;

(ii) assisting with care;

(iii) assigning and delegating care;

(iv) collaboration and/or referral when appropriate.

(b) providing an environment conducive to safety and health;

(c) documenting nursing interventions and responses to care to other members of the health team;

(d) communicating nursing interventions and responses to care to other members of the health team.

(5) evaluate the responses of individuals or groups to nursing interventions. Evaluation shall involve the client, family, significant others and health team members.

(a) Evaluation data shall be documented and communicated to appropriate members of the health care team.

(b) Evaluation data shall be used as a basis for reassessing client health status, modifying nursing analysis, revising strategies of care and prescribing changes in nursing interventions.

(c) Research data shall be utilized in nursing practice. (History: Sec. 37-1-131, 37-8-202, MCA; IMP, Sec. 37-1-131, 37-8-202, MCA; NEW, 1985 MAR p. 1556, Eff. 10/18/85; AMD, 1997 MAR p. 626, Eff. 4/8/97.)

8.32.1404 STANDARDS RELATED TO THE REGISTERED NURSE'S RESPONSIBILITIES AS A MEMBER OF THE NURSING PROFESSION

(1) The registered nurse shall:

(a) have knowledge of the statutes and regulations governing nursing and function within the legal boundaries of nursing practice;

(b) accept responsibility for individual nursing actions and competence and base practice on validated data;

(c) obtain instruction and supervision as necessary when implementing nursing techniques or practices;

(d) function as a member of the health team;

(e) collaborate with other members of the health team to provide optimum client care;

(f) consult with nurses and other health team members and make referrals as necessary;

- (g) contribute to the formulation, interpretation, implementation and evaluation of the objectives and policies related to nursing practice within the employment setting;
- (h) participate in the evaluation of nursing through peer review;
- (i) report unsafe nursing practice to immediate supervisor and the board of nursing and unsafe practice conditions to any and all recognized federal, state, county, municipal or private bodies organized with powers to regulate and enforce nursing practice conditions;
- (j) report practice of nursing by unlicensed individuals to the board of nursing;
- (k) delegate to another only those nursing measures which that person is prepared or qualified to perform;
- (l) supervise others to whom nursing interventions are delegated;
- (m) retain professional accountability for nursing care when delegating nursing interventions;
- (n) conduct practice without discrimination on the basis of age, race, religion, sex, sexual preference, national origin or handicap;
- (o) respect the dignity and rights of clients regardless of social or economic status, personal attributes or nature of health problems;
- (p) respect the client's right to privacy by protecting confidential information unless obligated by law to disclose the information;
- (q) respect the property of clients, family, significant others and the employer. (History: Sec. 37-1-131, 37-8-202, MCA; IMP, Sec. 37-1-131, 37-8-202, MCA; NEW, 1985 MAR p. 1556, Eff. 10/18/85; AMD, 2000 MAR p. 2683, Eff. 10/6/00.)

8.32.1405 PURPOSE OF STANDARDS OF NURSING PRACTICE FOR THE LICENSED PRACTICAL NURSE The purpose of the standards is to:

- (1) establish minimal acceptable levels of safe practice for the licensed practical nurse; and
- (2) serve as a guide for the board to evaluate safe and effective nursing care. (History: Sec. 37-1-131, 37-8-202, MCA; IMP, Sec. 37-1-131, 37-8-202, MCA; NEW, 1985 MAR p. 1556, Eff. 10/18/85.)

8.32.1406 STANDARDS RELATED TO THE LICENSED PRACTICAL NURSE'S CONTRIBUTION TO THE NURSING PROCESS The licensed practical nurse shall:

- (1) contribute to the nursing assessment by:
 - (a) collecting, reporting and recording objective and subjective data in an accurate and timely manner. Data collection includes;
 - (i) observation about the condition or change in condition of the client,
 - (ii) signs and symptoms of deviation from normal health status.
- (2) participate in the development of the strategy of care by:
 - (a) providing data;

- (b) contributing to the identification of priorities;
- (c) contributing to setting realistic and measurable goals;
- (d) assisting in the identification of measures to maintain comfort, support human functions and responses, maintain an environment conducive to well-being and provide health teaching.
- (3) participate in the implementation of the strategy of care by:
 - (a) providing care for clients under the supervision of registered nurse, a physician, dentist, osteopath or podiatrist;
 - (b) providing an environment conducive to safety and health;
 - (c) documenting nursing interventions and responses to care;
 - (d) communicating nursing interventions and responses to care to appropriate members of the health team.
- (4) contribute to the evaluation of the responses of individuals or groups to nursing interventions;
 - (a) evaluation data shall be documented and communicated to appropriate members of the health care team;
 - (b) the licensed practical nurse shall contribute to the modification of the strategy of care on the basis of the evaluation. (History: Sec. 37-1-131, 37-8-202, MCA; IMP, Sec. 37-1-131, 37-8-202, MCA; NEW, 1985 MAR p. 1556, Eff. 10/18/85.)

8.32.1407 STANDARDS RELATING TO THE LICENSED PRACTICAL NURSE'S RESPONSIBILITIES AS A MEMBER OF THE HEALTH TEAM The licensed practical nurse shall:

- (1) have knowledge of the statutes and regulations governing nursing and function within the legal boundaries of practical nursing practice;
- (2) accept responsibility for individual nursing actions and competence;
- (3) function under the supervision of a registered nurse, a physician, dentist, osteopath or podiatrist;
- (4) consult with registered nurses and/or other health team members and seek guidance as necessary;
- (5) obtain instruction and supervision as necessary when implementing nursing techniques or practices;
- (6) function as a member of the health team;
- (7) contribute to the formulation, interpretation, implementation and evaluation of the objectives and policies related to practical nursing practice within the employment setting;
- (8) participate in the evaluation of nursing through peer review;
- (9) report unsafe nursing practice to the board and unsafe practice conditions to recognized authorities;
- (10) report the practice of nursing by unlicensed individuals to the board;
- (11) conduct practice without discrimination on the basis of age, race, religion, sex, sexual preference, national origin or handicap;
- (12) respect the dignity and rights of clients regardless

of social and economic status, personal attributes or nature of health problems;

(13) respect the client's right to privacy by protecting confidential information, unless obligated by law to disclose such information;

(14) respect the property of clients, family, significant others and the employer. (History: Sec. 37-1-131, 37-8-202, MCA; IMP, Sec. 37-1-131, 37-8-202, MCA; NEW, 1985 MAR p. 1556, Eff. 10/18/85.)

8.32.1408 STANDARDS RELATING TO THE LICENSED PRACTICAL NURSE'S ROLE IN INTRAVENOUS (IV) THERAPY (1) "IV therapy" means the introduction of fluid solutions directly into the circulatory system through a venous line.

(2) "Intravenous fluids" means fluid solutions of electrolytes, nutrients, vitamins, drugs, blood and blood products.

(3) "Standard intravenous solution" means an isotonic or hypotonic solution and the following hypertonic solutions:

- (a) D5.2 normal saline;
- (b) D5.3 normal saline;
- (c) D5.45 normal saline;
- (d) D5.9 normal saline;
- (e) D5 in ringers; and
- (f) D5 in lactated ringers.

(4) Any of the following IV therapy tasks related to peripheral vessel IVs may be performed by an LPN:

(a) perform the initial venipuncture using a standard IV solution containing additives not otherwise prohibited by this rule, or using an intermittent infusion device, provided that the venipuncture is:

- (i) made into a peripheral vessel only, and not into a peripherally inserted central catheter (PICC) line; or
- (ii) made into a cannula or butterfly device;
- (b) monitor the site;
- (c) monitor and adjust flow rate;
- (d) change dressing;
- (e) hang additional standard solution;
- (f) mix medication solution from a unit dose vial, except potassium, and add to IV solution or volutrol;
- (g) hang medication solutions that are pre-mixed and properly labeled by a registered nurse or pharmacist;
- (h) flush intermittent infusion devices with heparin flush or normal saline solution;
- (i) initiate IV pumps;
- (j) administer metered dose of medication, including narcotics, by way of a patient controlled analgesia (PCA) pump;
- (k) hang a PCA medication cartridge subsequent to the first, when the RN has initialized and programmed the unit;
- (l) discontinue peripheral IVs except for PICC;
- (m) monitor and report the client physiological and psychological response to IV therapy; and
- (n) administer injectable local anesthetics prior to venipuncture if prescribed or allowed by standing order.

(5) Any of the following tasks related to central venous lines may be performed by an LPN:

(a) change standard solutions, which may include additives not otherwise prohibited, on continuous flow, pre-established central line system; and

(b) access, draw blood, flush with a normal saline solution or a specific heparin flush solution, and change dressings.

(6) Under the direct supervision of a dialysis RN, an LPN may perform hemodialysis procedures that include:

(a) arterio-venous fistula/graft needle insertion;

(b) administration of prescribed local anesthesia as needed prior to dialysis needle insertion;

(c) accessing, drawing blood, flushing with a normal saline solution or a specific heparin flush solution, and changing dressings of hemodialysis central-venous catheters; and

(d) administration of prescribed doses of routine dialysis heparin. (History: Sec. 37-1-131, 37-8-202, MCA; IMP, Sec. 37-1-131, 37-8-202, MCA; NEW, 1997 MAR p. 1176, Eff. 4/8/97; AMD, 1998 MAR p. 2473, Eff. 9/11/98; AMD, 2000 MAR p. 954, Eff. 4/14/00; AMD, 2002 MAR p. 3149, Eff. 11/15/02.)

8.32.1409 PROHIBITED IV THERAPIES (1) The following IV therapy tasks may not be performed by a practical nurse:

(a) IV push medications directly into the vein except as in ARM 8.32.1408;

(b) administration of any of the following:

(i) blood and blood components;

(ii) narcotics except in ARM 8.32.1408;

(iii) tranquilizers;

(iv) vasodilator;

(v) vasopressor;

(vi) oxytoxics;

(vii) pediatric medications;

(viii) antineoplastic drugs;

(ix) chemotherapy;

(x) investigational drugs;

(xi) experimental drugs;

(xii) colloid therapy;

(xiii) hyperalimentation;

(xiv) hypertonic solutions, except as in ARM

8.32.1408(3);

(xv) anticoagulants;

(xvi) antidysrhythmics; and

(xvii) thrombolytic agents.

(c) performance of arterial:

(i) sticks;

(ii) blood draws; or

(iii) line flushes;

(d) performance of catheter declotting with thrombolytic agents. (History: Sec. 37-1-131, 37-8-202, MCA; IMP, Sec. 37-1-131, 37-8-202, MCA; NEW, 1997 MAR p. 1176, Eff. 4/8/97; AMD, 1999 MAR p. 2437, Eff. 10/22/99; AMD, 2000 MAR p. 954, Eff. 4/14/00; AMD, 2002 MAR p. 3149, Eff. 11/15/02.)

8.32.1409A STANDARDS RELATED TO THE LICENSED NURSE'S ROLE IN COSMETIC PROCEDURES (1) A licensed nurse who has the

proper training and on-going competency may perform the following tasks and procedures only under the on-site supervision of a physician:

- (a) procedures using lasers;
- (b) procedures using intense pulsed light sources;
- (c) procedures using microwave energy;
- (d) procedures using radio frequency;
- (e) procedures using electrical impulse;
- (f) dermatologic procedures employing technologies that cut or alter living tissue; and
- (g) injections or insertions of the following:
 - (i) botulism toxins, commonly referred to as "botox";
 - (ii) natural and synthetic collagens;
 - (iii) silicone;
 - (iv) sclerotherapy agents; or
 - (v) natural or synthetic filler materials. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-2-102, MCA; NEW, 2004 MAR p. 641, Eff. 3/26/04.)

8.32.1410 PURPOSE OF STANDARDS OF PRACTICE FOR THE ADVANCED PRACTICE REGISTERED NURSE (1) The purpose of the standards is to:

- (a) establish minimal acceptable levels of safe effective practice for the APRN; and
- (b) serve as a reference for the board to evaluate safe and effective advanced practice nursing care. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, MCA; NEW, 2002 MAR p. 3399, Eff. 12/13/02.)

8.32.1411 STANDARDS RELATED TO THE ADVANCED PRACTICE REGISTERED NURSE'S RESPONSIBILITY TO APPLY THE NURSING PROCESS

- (1) The APRN shall:
 - (a) perform and document thorough and comprehensive, or focused assessment of clients by:
 - (i) collecting, synthesizing and analyzing data, utilizing nursing principles and nursing process at an advanced level; and
 - (ii) utilizing evidence-based research data in practice;
 - (b) establish and document an appropriate diagnosis, treatment plan and strategy of care based on the assessment, including:
 - (i) individual client needs;
 - (ii) priorities of care;
 - (iii) collaborations when appropriate;
 - (iv) method by which treatment will be evaluated;
 - (v) plan of action for appropriate follow-up;
 - (c) provide and document expert guidance and education when working with clients, families and other members of the health team;
 - (d) manage and document identified aspects of the client's health status within the APRN's competencies, scope and practice; and
 - (e) document appropriate referrals when a client's health status and needs exceed the APRN's competencies and/or scope of practice. (History: Sec. 37-1-131, 37-8-202, MCA; IMP, Sec. 37-1-131, 37-8-202, MCA; NEW, 2002 MAR p. 3399, Eff. 12/13/02.)

8.32.1412 STANDARDS RELATED TO THE ADVANCED PRACTICE REGISTERED NURSE'S RESPONSIBILITIES AS A MEMBER OF THE NURSING PROFESSION (1) The APRN shall:

- (a) adhere to the same standards as those required in ARM 8.32.1404 for the registered nurse;
- (b) possess the requisite knowledge, judgement and skill to safely and competently perform any function that the APRN undertakes;
- (c) have on file in the board office:
 - (i) method of quality assurance used to evaluate the practice of the APRN; and
 - (ii) a referral process including licensed physicians and a method to document referral in the client records;
- (d) immediately file with the board of nursing any proposed change in the method for referral, client record documentation or quality assurance method. Any change will be subject to approval by the board of nursing;
- (e) in even-numbered years, submit a declaration made under penalty of perjury to the board office documenting the following:
 - (i) quality assurance plan and reviewer(s);
 - (ii) acknowledgement of scope of practice;
 - (iii) continuing education; and
 - (iv) practice site; and
- (f) submit proof of recertification within 30 days of its expiration. (History: Sec. 37-1-131, 37-8-202, MCA; IMP, Sec. 37-1-131, 37-8-202, MCA; NEW, 2002 MAR p. 3399, Eff. 12/13/02.)

8.32.1413 PURPOSE OF STANDARDS OF PRACTICE FOR THE LICENSED MEDICATION AIDE (1) The purpose of the standard is to:

- (a) establish minimal acceptable levels of safe and effective practice for the medication aide; and
- (b) serve as a reference for the board to evaluate safe and effective medication aide practice. (History: Sec. 37-1-131, 37-8-202, MCA; IMP, Sec. 37-8-101, MCA; NEW, 2004 MAR p. 2393, Eff. 10/8/04.)

8.32.1414 STANDARDS RELATED TO THE MEDICATION AIDE'S RESPONSIBILITIES AS A MEMBER OF HEALTH TEAM (1) The medication aide shall:

- (a) practice under the general supervision of a nurse with an unencumbered Montana license;
- (b) practice only in an assisted living facility as defined by 50-5-101, MCA;
- (c) administer only medications that are in:
 - (i) a unit dose package; or
 - (ii) a pre-filled medication holder;
- (d) administer only PRN and routine medications as defined in ARM 8.32.1401;
- (e) administer medications only by allowable routes as defined in ARM 8.32.1401, except:
 - (i) insulin may be subcutaneously injected from a pre-filled, labeled, unit dose syringe; and

- (f) notify the supervising nurse if:
- (i) the patient has a change in medication, and the medication is not available as described in (1)(c); or
- (ii) the medication aide has observed a change in the patient's physical or mental condition. (History: Sec. 37-1-131, 37-8-202, MCA; IMP, Sec. 37-8-202, 37-8-422, MCA; NEW, 2004 MAR p. 2393, Eff. 10/8/04.)

Sub-Chapter 15

Prescriptive Authority for Nurse Specialists

8.32.1501 PRESCRIPTIVE AUTHORITY FOR ELIGIBLE APRNS (1)

This subchapter will be known and may be cited as the APRN prescriptive authority rules.

(2) An APRN granted prescriptive authority by the board of nursing may prescribe and dispense drugs pursuant to applicable state and federal laws.

(a) NPs, CRNAs, and CNMs with unencumbered licenses may hold prescriptive authority.

(b) Psychiatric-mental health NPs and psychiatric CNSs with unencumbered licenses may hold prescriptive authority.

(3) Prescriptive authority permits the APRN to receive pharmaceutical samples, prescribe, dispense and administer prescription drugs in the prevention of illness, the restoration of health and/or the maintenance of health in accordance with 37-2-104, MCA.

(4) The board of pharmacy will be notified in a timely manner when the prescriptive authority of an APRN is terminated, suspended or reinstated. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, MCA; NEW, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 1994 MAR p. 2518, Eff. 9/9/94; AMD, 2002 MAR p. 3399, Eff. 12/13/02; AMD, 2003 MAR p. 2863, Eff. 12/25/03.)

8.32.1502 DEFINITIONS The following definitions apply in and for this subchapter.

(1) "Accrediting organization" is that professional organization which establishes standards and criteria for continuing education programs approved by the board of nursing.

(2) "Advanced practice registered nurse" or "APRN" is a registered nurse recognized by the board to practice as an advanced practice registered nurse pursuant to 37-8-202, MCA, and ARM 8.32.305.

(a) There are four types of APRNs:

(i) nurse practitioner (NP);

(ii) certified nurse midwife (CNM);

(iii) certified registered nurse anesthetist (CRNA); and

(iv) clinical nurse specialist (CNS).

(b) Only an APRN recognized by the board may use the initials indicating APRN licensure or the title nurse specialist.

(3) "Certifying body" is a national certifying organization which uses psychometrically sound examinations to examine and validate competency of APRNs and which has been approved by the board of nursing as a certifying agency for APRN recognition.

(4) "Committee" refers to the APRN committee, as established in ARM 8.32.1503.

(5) "Continuing education" is that education either provided or approved by an academic institution of higher learning or a recognized certifying body. One continuing education unit equals 50 minutes of instruction.

(6) "Department" means the department of labor and industry as provided for in Title 2, chapter 15, part 17, MCA.

(7) "Drug" is a substance defined by 37-7-101, MCA.

(8) "Prescription" is an order for a drug, as defined by 37-7-101, MCA, or any medicine, devices or treatments, including controlled substances listed in schedule II-V, as defined by federal law in the Code of Federal Regulations, Title 21, section 1306.

(9) "Peer" means a licensed independent practitioner whose credentials and practice encompass the APRN's scope and setting of practice. If the APRN has prescriptive authority, the peer shall also have prescriptive authority.

(10) "Physician reviewer" means a licensed physician whose credentials and practice encompass the APRN's scope and setting of practice. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, MCA; NEW, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 1994 MAR p. 2518, Eff. 9/9/94; AMD, 2002 MAR p. 3399, Eff. 12/13/02.)

8.32.1503 ADVANCED PRACTICE NURSING COMMITTEE

(1) There is an advanced practice nursing committee. The committee is composed of at least three members of the board of nursing, two of whom shall be RNs.

(2) The committee or its designee will review and approve complete, typed or word processed applications from individuals seeking advanced practice and/or prescriptive authority. The committee will recommend action to the full board of nursing. The application must describe the individual's proposed:

- (a) referral process;
- (b) scope of practice;
- (c) method of documentation;
- (d) method of quality assurance; and
- (e) modifications, if any, with regards to advanced practice and/or prescriptive authority.

(3) The committee will review all non-routine, complete, typed or word processed applications for advanced practice licensure and will recommend action to the full board of nursing. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, MCA; NEW, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 2000 MAR p. 2683, Eff. 10/6/00; AMD, 2001 MAR p. 2152, Eff. 10/26/01; AMD, 2002 MAR p. 2315, Eff. 8/30/02.)

8.32.1504 INITIAL APPLICATION REQUIREMENTS FOR PRESCRIPTIVE AUTHORITY (1) The advanced practice registered nurse shall submit a completed application provided by the board of nursing, and a nonrefundable fee. The application must include:

- (a) evidence of completion of a minimum of 15 education hours in pharmacology and/or the clinical management of drug therapy from an accredited body which have been obtained within a three-year period immediately prior to the date the

application is received at the board office. No more than two hours may concern the study of herbal or complementary therapies. Six of the 15 continuing education hours must have been obtained within one year immediately prior to the date the application is received at the board office. One-third of all education hours must be face-to-face meetings or interaction;

(b) a copy of the original certification document from the advanced practice registered nurse's certifying body;

(c) a description of the proposed practice sites;

(d) a description of the method of referral and documentation in client records; and

(e) a description of the method of quality assurance used to evaluate the advanced practice registered nurse, in accordance with ARM 8.32.1508.

(2) The committee will make a recommendation only with respect to completed, typed or word processed applications. The board of nursing may deny the application if the applicant has a license which is encumbered. (History: 37-8-202, MCA; IMP, 37-8-202, MCA; NEW, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 1994 MAR p. 2518, Eff. 9/9/94; AMD, 2000 MAR p. 2683, Eff. 10/6/00; AMD, 2001 MAR p. 2152, Eff. 10/26/01; AMD, 2002 MAR p. 2315, Eff. 8/30/02; AMD, 2005 MAR p. 742, Eff. 5/13/05.)

8.32.1505 PRESCRIBING PRACTICES (1) Prescriptions will comply with all applicable state and federal laws.

(2) All prescriptions will include the following information:

(a) name, title, address and phone number of the advanced practice registered nurse who is prescribing;

(b) name of client;

(c) date of prescription;

(d) the full name of the drug, dosage, route, amount to be dispensed, and directions for its use;

(e) number of refills;

(f) signature of prescriber on written prescription; and

(g) DEA number of the prescriber on all scheduled drugs.

(3) Records of all prescriptions will be documented in client records.

(4)(a) The advanced practice registered nurse with prescriptive authority who wishes to prescribe schedule II-V drugs will comply with federal drug enforcement administration requirements prior to prescribing controlled substances.

(b) The advanced practice registered nurse will immediately file any and all of his or her DEA registrations and numbers with the board of nursing.

(c) The board of nursing will maintain current records of all advanced practice registered nurses with DEA registration and numbers.

(d) In an emergency situation, schedule II drugs may be phoned in to the pharmacist pursuant to 21 CFR 1306.11(d).

(5) An advanced practice registered nurse with prescriptive authority will not delegate the prescribing or dispensing of drugs to any other person.

(6) An APRN with prescriptive authority who also possesses inpatient care privileges shall practice pursuant to a written agreement between the agency and the APRN which is

consistent with the rules, regulations and guidelines set forth in 37-8-202 and 37-2-104, MCA, and ARM 8.32.301 through 8.32.303, and this subchapter.

(7) An APRN with prescriptive authority from the board of nursing will comply with the requirements of 37-2-104, MCA. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, MCA; NEW, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 1993 MAR p. 1202, Eff. 6/11/93; AMD, 1994 MAR p. 2518, Eff. 9/9/94; AMD, 2002 MAR p. 3399, Eff. 12/13/02.)

8.32.1506 SPECIAL LIMITATIONS RELATED TO THE PRESCRIBING OF CONTROLLED SUBSTANCES (1) An APRN shall not prescribe controlled substances for self or for members of the APRN's immediate family.

(2) An APRN shall not provide controlled substances or prescription drugs for other than therapeutic purposes.

(3) A prescription for schedule II drugs shall not exceed the quantity allowable by federal drug enforcement administration regulations. Prescriptions for schedule III-V drugs will not exceed the quantity necessary for a three-month period. (History: 37-1-131, 37-8-202, MCA; IMP, 37-8-202, MCA; NEW, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 1994 MAR p. 2518, Eff. 9/9/94; AMD, 2000 MAR p. 2683, Eff. 10/6/00; AMD, 2002 MAR p. 3399, Eff. 12/13/02; AMD, 2005 MAR p. 742, Eff. 5/13/05.)

8.32.1507 METHOD OF REFERRAL is hereby repealed. (History: 37-8-202, MCA; IMP, 37-8-202, MCA; NEW, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 1994 MAR p. 2518, Eff. 9/9/94; REP, 2002 MAR p. 3399, Eff. 12/13/02.)

8.32.1508 QUALITY ASSURANCE OF ADVANCED PRACTICE REGISTERED NURSE PRACTICE (1) An advanced practice registered nurse performing direct patient care shall submit a method of quality assurance for evaluation of the advanced practice registered nurse's practice. The quality assurance method must be approved by the board of nursing prior to licensure.

(2) The quality assurance method must include the following elements:

(a) 15 charts or 5% of all charts handled by the advanced practice nurse, whichever is less, must be reviewed quarterly.

The charts being reviewed must be evaluated by a peer review, by a physician of the same practice specialty, or by others as approved by the board. Each evaluator shall hold an unencumbered license;

(b) use of standards which apply to the advanced practice registered nurse's area of practice;

(c) concurrent or retrospective review of the practice.

(d) use of pre-established patient outcome criteria specific to the APRN's specific patient population; and

(e) written evaluation of review with steps for corrective action if indicated and follow-up.

(3) An advanced practice registered nurse shall immediately file with the board of nursing any proposed change in the quality assurance method. Any change is subject to prior approval by the board of nursing.

(4) Proof of quality assurance reviews must be maintained by the licensee for five years. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, MCA; NEW, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 1994 MAR p. 2518, Eff. 9/9/94; AMD, 1999 MAR p. 1294, Eff. 6/18/99; AMD, 2002 MAR p. 2315, Eff. 8/30/02.)

8.32.1509 TERMINATION OF PRESCRIPTIVE AUTHORITY

(1) The board of nursing may impose discipline up to and including termination of an advanced practice registered nurse's prescriptive authority when one or more of the following criteria apply:

(a) the advanced practice registered nurse has not met the requirements for renewal of prescriptive authority in accordance with this subchapter;

(b) the advanced practice registered nurse has not met requirements necessary to maintain advanced practice registered nurse recognition;

(c) the advanced practice registered nurse has not complied with the requirements for referral or quality assurance methods;

(d) the APRN has:

(i) prescribed outside the APRN's scope of practice;

(ii) prescribed for other than therapeutic purposes; or

(iii) otherwise violated the provisions of the prescriptive authority rules contained in this subchapter; or

(e) the APRN has violated any state or federal law or regulations applicable to prescriptions.

(2) An advanced practice registered nurse whose prescriptive authority has terminated will not prescribe until the advanced practice registered nurse has received written notice from the board of nursing that his or her prescriptive authority has been reinstated by the board. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, MCA; NEW, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 1994 MAR p. 2716, Eff. 9/9/94; AMD, 2002 MAR p. 3399, Eff. 12/13/02.)

8.32.1510 RENEWAL OF PRESCRIPTIVE AUTHORITY (1) The APRN's prescriptive authority will expire on December 31 of even numbered years.

(2) To renew prescriptive authority, the APRN will submit to the board of nursing:

(a) a completed renewal application and a non-refundable fee;

(b) documentation of accredited pharmacological continuing education completed during the two-year period immediately preceding the renewal application. Continuing education will be from:

(i) study provided by advanced formal education; or

(ii) continuing education seminars or programs approved by certifying bodies; and

(iii) the majority of the course work must concern the study of pharmaceutical medications and not herbal or complementary therapies; and

(c) proof of a minimum of 10 contact hours of continuing education in pharmacology or pharmacology management is required during the two-year period immediately preceding the

effective date of the prescriptive authority renewal. A minimum of four hours must be face-to-face interaction. The majority of the course work must concern the study of pharmaceutical medications and not herbal or complementary therapies.

(3) These continuing education units are in addition to those required to renew the general APRN license.

(4) If an APRN fails to renew prescriptive authority prior to the expiration date of that authority, the APRN's prescriptive authority will expire. The APRN may not prescribe until renewal is completed and the APRN has received written notice that the prescriptive authority has been reinstated.

(History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, MCA; NEW, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 1994 MAR p. 2518, Eff. 9/9/94; AMD, 2000 MAR p. 2683, Eff. 10/6/00; AMD, 2002 MAR p. 3602, Eff. 12/13/02.)

Sub-Chapter 16

Nurses' Assistance Program

8.32.1601 INTRODUCTION (1) The nurses' assistance program (NAP) is a specially designed program to assist Montana nurses whose competency may be impaired due to the abuse of drugs or alcohol. The NAP will have two tracks: the disciplinary track and the non-disciplinary track. The NAP will monitor the nurses' rehabilitation process to ensure public safety. Information that relates to the abuse of addictive drugs, alcohol, or any other drug or substance may be reported by the licensee to the NAP in lieu of reporting to the board. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, MCA; NEW, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 2001 MAR p. 167, Eff. 1/26/01.)

8.32.1602 DISCIPLINARY TRACK (1) Participation in the nurses' assistance program may be mandated as a part of disciplinary action by the board of nursing or if a complaint against the licensee has been submitted to the board of nursing. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, MCA; NEW, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 2001 MAR p. 167, Eff. 1/26/01.)

8.32.1603 ADMISSION CRITERIA - DISCIPLINARY TRACK

(1) A licensee may be admitted to the NAP disciplinary track if:

(a) the licensee has violated the statutes and rules related to nursing practice which involved alcohol and/or drugs and whom the board has stipulated NAP as a part of disciplinary action;

(b) the licensee agrees to abide by the terms of NAP; or

(c) the nurse is from another state, has applied for a nursing license in Montana and is mandated by stipulation/final order of that state board of nursing to attend a NAP program. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, MCA; NEW, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 2001 MAR p. 167, Eff. 1/26/01.)

8.32.1604 PROGRAM REQUIREMENTS - DISCIPLINARY TRACK

(1) The program requirements of the NAP disciplinary track are that the licensee shall:

(a) agree to evaluations necessary to determine treatment and monitoring needs while a part of the NAP;

(b) sign a contract with the NAP and comply with said contract and all requirements as indicated in the NAP participant handbook;

(c) be responsible for all costs for treatment and monitoring.

(2) The NAP shall be responsible for:

(a) submitting quarterly reports to the board;

(b) reporting any violations of the NAP contract or any reasonable suspicion that the licensee may not be able to practice safe nursing to the board. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, MCA; NEW, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 2001 MAR p. 167, Eff. 1/26/01.)

8.32.1605 DISCHARGE CRITERIA - DISCIPLINARY TRACK

(1) The licensee shall be discharged from the NAP disciplinary track when the licensee has:

(a) successfully completed the NAP and complied with the final order of the board. The board will be notified of successful completion;

(b) failed to comply with the NAP contract. The NAP will submit a report of failure to comply to the board; or

(c) voluntarily withdrawn from the NAP. The NAP will submit a report to the board. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, MCA; NEW, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 2001 MAR p. 167, Eff. 1/26/01.)

8.32.1606 NON-DISCIPLINARY TRACK (1) The non-disciplinary track of the NAP is open to any licensee who identifies a drug/alcohol problem and requests admission to the NAP and to those licensees referred by the board. Licensees may be reported directly to the NAP in lieu of a formal complaint to the board. The identity of participants in the non-disciplinary track of the NAP will remain unknown to the board unless there is a failure to enroll or comply with the requirements of the NAP. Failure to enroll/comply with the NAP will result in a formal complaint to the board by the NAP. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, MCA; NEW, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 1995 MAR p. 847, Eff. 5/12/95; AMD, 2001 MAR p. 167, Eff. 1/26/01.)

8.32.1607 ADMISSION CRITERIA - NON-DISCIPLINARY TRACK

(1) A licensee may be admitted to the NAP non-disciplinary track if he/she is:

(a) a licensed nurse or previously licensed nurse in the state of Montana who requests admission;

(b) a licensed nurse from another state who has applied for a nursing license in Montana and is in a similar monitoring program in another state;

(c) a licensee without a previous disciplinary action from any licensing board;

(d) a licensee against whom no notice of proposed board action or similar notice issued by a licensing board is pending; or

(e) a licensee who successfully completed the NAP or similar monitoring program when enrolled.

(2) A licensee whose nursing practice has involved death or significant harm to a patient is not eligible for the non-disciplinary track.

(3) A licensee who has diverted controlled substances or caution legend drugs for purposes of sale or distribution is not eligible for the non-disciplinary track. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, MCA; NEW, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 1994 MAR p. 1424, Eff. 5/27/94; AMD, 1995 MAR p. 847, Eff. 5/12/95; AMD, 2001 MAR p. 167, Eff. 1/26/01.)

8.32.1608 PROGRAM REQUIREMENTS - NON-DISCIPLINARY TRACK

(1) The requirements of the NAP non-disciplinary track are that the licensee shall:

(a) agree to submit evaluations necessary to determine treatment and monitoring needs while a part of the NAP and agree to sign any waivers of confidentiality or release of information, as requested;

(b) sign the NAP contract and comply with all requirements of that contract; and

(c) be responsible for all costs of treatment and monitoring.

(2) The NAP shall be responsible for:

(a) submitting quarterly reports to the board with statistical information on non-disciplinary NAP participants; and

(b) reporting to the board any violations of the NAP contract or any reasonable suspicion that the licensee may not be able to practice safe nursing. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, MCA; NEW, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 2001 MAR p. 167, Eff. 1/26/01.)

8.32.1609 DISCHARGE CRITERIA - NON-DISCIPLINARY TRACK

(1) Licensee shall be discharged from the NAP non-disciplinary track when:

(a) the licensee successfully completes the NAP;

(b) the licensee does not comply with the NAP. The NAP will submit a report to the board; or

(c) the licensee voluntarily withdraws from the NAP. The NAP will submit a complaint to the board.

(2) The licensee may be discharged if he/she violates any of the statutes and rules related to nursing which results in disciplinary action by the board. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, MCA; NEW, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 2001 MAR p. 167, Eff. 1/26/01.)

8.32.1610 ADMINISTRATION OF THE PROGRAM

(1) The nurses' assistance program will be under the jurisdiction of the board of nursing. The board may contract with a consultant to administer the NAP. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, MCA; NEW, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 2001 MAR p. 167, Eff. 1/26/01.)

8.32.1611 CONSULTANT REQUIREMENTS (1) To be qualified, a consultant must have:

- (a) a license as a registered nurse in Montana with a minimum of a baccalaureate degree in nursing;
- (b) a state level certification appropriate for chemical dependency counseling;
- (c) a minimum of three years nursing experience;
- (d) two years previous experience related to monitoring health care professionals with substance abuse/dependency;
- (e) education in identification, treatment, intervention, and rehabilitation of nurses with substance abuse/dependency; and
- (f) two years experience in a recognized treatment program for chemical dependency. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, MCA; NEW, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 2001 MAR p. 167, Eff. 1/26/01.)

8.32.1612 CONSULTANT ACTIVITIES (1) A consultant shall:

- (a) carry out all decisions mandated by the board;
- (b) submit quarterly activity/statistical reports to the board;
- (c) submit quarterly progress reports on licensees enrolled in the disciplinary tract of the NAP;
- (d) report licensees in the non-disciplinary track of the NAP to the board who do not comply with the NAP requirements and/or for whom there is reasonable suspicion they may not be able to practice safe nursing;
- (e) provide information and consultation to the board upon request;
- (f) review statutes and rules with the board and its staff as directed by the board;
- (g) recommend admissions and discharges of participants in the NAP to the board as appropriate; and
- (h) provide documentation of monitoring of all NAP participants. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, MCA; NEW, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 2001 MAR p. 167, Eff. 1/26/01.)

Sub-Chapter 17

Delegation and Assignment

8.32.1701 PURPOSE is hereby repealed. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, MCA; NEW, 1994 MAR p. 1424, Eff. 5/27/94; REP, 2005 MAR p. 1022, Eff. 7/1/05.)

8.32.1702 NURSING TASKS THAT MAY BE DELEGATED is hereby repealed. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, MCA; NEW, 1994 MAR p. 1424, Eff. 5/27/94; AMD, 2000 MAR p. 458, Eff. 2/11/00; AMD, 2001 MAR p. 2152, Eff. 10/26/01; REP, 2005 MAR p. 1022, Eff. 7/1/05.)

8.32.1703 DEFINITIONS is hereby repealed. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, MCA; NEW, 1994 MAR p. 1424, Eff. 5/27/94; REP, 2005 MAR p. 1022, Eff. 7/1/05.)

8.32.1704 SETTINGS WHERE DELEGATING IS APPROPRIATE is hereby repealed. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, MCA; NEW, 1994 MAR p. 1424, Eff. 5/27/94; REP, 2005 MAR p. 1022, Eff. 7/1/05.)

8.32.1705 CRITERIA FOR DELEGATION - DELEGATION OF NURSING TASKS TO UNLICENSED PERSONS SHALL COMPLY WITH THE FOLLOWING CRITERIA is hereby repealed. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, MCA; NEW, 1994 MAR p. 1424, Eff. 5/27/94; REP, 2005 MAR p. 1022, Eff. 7/1/05.)

8.32.1706 SUPERVISION is hereby repealed. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, MCA; NEW, 1994 MAR p. 1424, Eff. 5/27/94; REP, 2005 MAR p. 1022, Eff. 7/1/05.)

8.32.1707 NURSING FUNCTIONS is hereby repealed. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, MCA; NEW, 1994 MAR p. 1424, Eff. 5/27/94; REP, 2005 MAR p. 1022, Eff. 7/1/05.)

8.32.1708 NURSING TASKS RELATED TO ADMINISTRATION OF MEDICATIONS THAT MAY BE DELEGATED is hereby repealed. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, MCA; NEW, 1994 MAR p. 1424, Eff. 5/27/94; REP, 2005 MAR p. 1022, Eff. 7/1/05.)

8.32.1709 GENERAL NURSING TASKS THAT MAY NOT BE DELEGATED is hereby repealed. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, MCA; NEW, 1994 MAR p. 1424, Eff. 5/27/94; AMD, 2000 MAR p. 458, Eff. 2/11/00; AMD, 2001 MAR p. 2152, Eff. 10/26/01; REP, 2005 MAR p. 1022, Eff. 7/1/05.)

8.32.1710 PATIENT HEALTH TEACHING AND HEALTH COUNSELING is hereby repealed. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, MCA; NEW, 1994 MAR p. 1424, Eff. 5/27/94; REP, 2005 MAR p. 1022, Eff. 7/1/05.)

8.32.1711 LIABILITY is hereby repealed. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, MCA; NEW, 1994 MAR p. 1424, Eff. 5/27/94; REP, 2005 MAR p. 1022, Eff. 7/1/05.)

8.32.1712 TASKS WHICH MAY BE ROUTINELY ASSIGNED TO AN UNLICENSED PERSON IN ANY SETTING WHEN A NURSE-PATIENT RELATIONSHIP EXISTS is hereby transferred. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, MCA; NEW, 1994 MAR p. 1424, Eff. 5/27/94; TRANS & AMD, 2005 MAR p. 1022, Eff. 7/1/05.)

8.32.1713 NURSING TASKS RELATED TO GASTROSTOMY FEEDING THAT MAY BE DELEGATED is hereby repealed. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, MCA; NEW, 2000 MAR p. 458, Eff. 2/11/00; REP, 2005 MAR p. 1022, Eff. 7/1/05.)

Rules 8.32.1714 through 8.32.1720 reserved

8.32.1721 PURPOSE (1) The purpose of these rules

relating to delegation and assignment is:

(a) to serve as a standard for nurses who hire, supervise, and/or serve as a delegator to unlicensed assistive personnel (UAP); and

(b) to establish minimal acceptable levels of safe and effective delegation. (History: Sec. 37-1-131, 37-8-202, MCA; IMP, Sec. 37-1-131, 37-8-202, MCA; NEW, 2005 MAR p. 1022, Eff. 7/1/05.)

8.32.1722 DEFINITIONS The following words and terms as used in this sub-chapter have the following meanings:

(1) "Accountability" means the responsibility of the delegating nurse for the decision to delegate, for verifying the competency of the UAP delegatee, and for supervising the performance of the delegated task.

(2) "Acute care" means health care received in response to a particular episode of illness or injury, delivered in a licensed healthcare facility that has an organized medical staff, which may include advanced practice registered nurse (APRN) providers, and provides care by licensed registered nurses.

(3) "Advanced delegation" means delegation of specified advanced nursing tasks to specified UAPs only as allowed in ARM 8.32.1729, 8.32.1730, 8.32.1731 and 8.32.1732 and under immediate supervision.

(4) "Assignment" means giving to a UAP or licensee a specific task that the UAP or licensee is competent to perform and which is within the UAP's area of responsibility or a licensee's area of accountability or scope of practice.

(5) "Chief nursing officer" means the nurse who:

(a) directs the facility's nursing services;

(b) establishes nursing policies and procedures; and

(c) establishes nursing standards of patient care, treatment, and services specific to the facility.

(6) "Community based residential setting" means a setting in which the client lives in the client's own home or apartment, home of a relative, foster home, or group home.

(7) "Competency" means performance standards including demonstrated skills, knowledge, abilities and understanding of specific tasks that are required in a specific role and setting.

(8) "Delegatee" means the UAP receiving the delegation.

(9) "Delegation" means the act of authorizing and directing a UAP to perform a specific nursing task in a specific situation in accordance with these rules.

(10) "Delegator" means the nurse who makes the decision to delegate and thereby assumes accountability as defined in this rule. The term "delegator" has the same meaning as the term "delegating nurse".

(11) "Direct supervision" means the nurse delegator is on the premises, and is quickly and easily available to the UAP.

(12) "Fundamentals of nursing course" means a nursing course that provides an introduction to the art and science of nursing practice and human care. Introduction to the concepts of clinical judgment, nursing principles, nursing process, communication skills, and the role of the nurse are included.

(13) "Good academic standing" means a student nurse who is currently enrolled and not on academic probation.

(14) "Immediate supervision" means the nurse delegator is on the premises and is within audible and visual range of the patient that the UAP is attending.

(15) "Indirect supervision" means the nurse delegator is not on the premises but has previously given written instructions to the UAP for the care and treatment of the patient and is readily available to the delegatee either in person or by telecommunication.

(16) "Nursing assessment" means an ongoing process of determining nursing care needs based upon collection and interpretation of data relevant to the health status of the patient.

(17) "Nursing judgment" means the intellectual process that a nurse exercises in forming an opinion and reaching a clinical decision based upon analysis of the evidence or data.

(18) "Nursing student" means a person currently enrolled and studying in a state nursing board-approved or state nursing commission-approved nursing education program.

(a) Enrollment includes all periods of regularly planned educational programs and all school scheduled vacations and holidays.

(b) Enrollment does not include any leaves of absence or withdrawals from the nursing program, or enrollment solely in academic nonnursing course work.

(19) "Nursing task" means an activity that requires judgment, analysis, or decision-making based on nursing knowledge or expertise and one that may change based on the individual client or situation.

(20) "Pharmacology course" means a nursing course that introduces the student to the basic principles of pharmacology in nursing practice and the skills necessary to safely administer medications. Students will be able to demonstrate accurate dosage calculations, correct medication administration, knowledge of drug classifications and therapeutic and nursing implications of medication administration.

(21) "Stable" means a state of health in which the prognosis indicates little, if any, immediate change.

(22) "Supervision" means the provision of guidance or direction, evaluation and follow-up by the licensed nurse for accomplishment of a nursing task delegated to a UAP.

(23) "Unlicensed assistive person" or "UAP" means any person, regardless of title, who is not a licensed nurse and who functions in an assistive role to the nurse and receives delegation of nursing tasks and assignment of other tasks from a nurse. (History: Sec. 37-1-131, 37-8-202, MCA; IMP, Sec. 37-1-131, 37-8-202, MCA; NEW, 2005 MAR p. 1291, Eff. 7/1/05.)

8.32.1723 ACCOUNTABILITY (1) The delegating nurse retains accountability for:

(a) the decision to delegate;

(b) the delegated task;

(c) verifying the delegatee's competency to perform the task; and

(d) providing supervision. (History: Sec. 37-1-131, 37-8-202, MCA; IMP, Sec. 37-1-131, 37-8-202, MCA; NEW, 2005 MAR p. 1022, Eff. 7/1/05.)

8.32.1724 CRITERIA FOR DELEGATION OF NURSING TASKS

(1) A licensed nurse may only delegate nursing tasks to UAPs in accordance with these rules. Delegation of a nursing task to a UAP shall be based solely on the determination of the patient's nurse, who has personally assessed the patient's condition, that delegation can be performed without jeopardizing the patient's welfare. Delegation shall be task-specific, patient-specific, and UAP-delegatee specific.

(2) Delegation may only be performed in settings which have a designated chief nursing officer.

(3) The delegating nurse must:

(a) personally make a nursing assessment of the patient's care needs before delegating;

(b) verify the UAP's competency to perform the specific task for the specific patient and provide instruction as necessary followed by reverification of competency before delegating;

(c) provide supervision in accordance with ARM 8.32.1726; and

(d) inform the patient of the decision to delegate.

(4) The nursing task to be delegated must be:

(a) within the area of responsibility, scope of practice, and competency of the nurse delegating the task;

(b) one which does not require complex observations, critical decision-making, exercise of nursing judgment, or repeated nursing assessments;

(c) one which is frequently performed and is generally considered technical in nature;

(d) one for which results are reasonably predictable and which has minimal potential for risks; and

(e) one which can be safely performed according to exact, unchanging directions. (History: Sec. 37-1-131, 37-8-202, MCA; IMP, Sec. 37-1-131, 37-8-202, MCA; NEW, 2005 MAR p. 1022, Eff. 7/1/05.)

8.32.1725 STANDARDS RELATED TO THE FACILITY'S CHIEF NURSING OFFICER REGARDING DELEGATION PRACTICES

(1) The facility's chief nursing officer is responsible for ensuring that:

(a) the UAP is oriented to the facility and specific role;

(b) the UAP's skills are observed, evaluated and documented;

(c) a written UAP job description, specific to setting, is provided to the UAP and to the delegator;

(d) with respect to advanced delegation as provided in ARM 8.32.1729, 8.32.1730, 8.32.1731 and 8.32.1732, the UAP's satisfactory completion of education and maintenance of certification is verified;

(e) verification is performed of a nursing student's:

- (i) current enrollment and good academic standing in a nursing education program approved by a state nursing board or a state nursing commission;
- (ii) satisfactory completion of each academic period; and
- (iii) current level of educational preparation, with a minimum of satisfactory completion of a course in the fundamentals of nursing as documented by official educational institution transcript and by course description;
- (f) a name badge which includes first and last name and specific title in standard, bold face font no less than 18 point is provided to the UAP and is worn at all times when on duty, with the exception of settings requiring sterile attire;
- (g) each nurse in the organization is educated on the process of delegation and the nurse's competency to delegate in accordance with these rules is assessed; and
- (h) policy and procedures concerning delegation of nursing tasks are developed and implemented consistent with this subchapter.

(2) A violation of any rule in this subchapter constitutes unprofessional conduct under ARM 8.32.413. (History: Sec. 37-1-131, 37-8-202, MCA; IMP, Sec. 37-1-131, 37-8-202, MCA; NEW, 2005 MAR p. 1291, Eff. 7/1/05.)

8.32.1726 STANDARDS RELATED TO THE NURSE FUNCTIONING AS A DELEGATOR (1) The degree of required supervision of the UAP by the delegating nurse shall be determined by the delegating nurse after evaluation of factors described in this subchapter including, but not limited to, the following:

- (a) stability of the patient's condition;
- (b) training and capability of the specific UAP delegatee;
- (c) nature of the nursing task being delegated;
- (d) proximity and availability of the nurse to the UAP when the nursing task will be performed; and

(e) setting:

(i) In an acute care or skilled nursing facility setting, the delegating nurse shall provide, at a minimum, direct supervision for any delegated nursing task.

(ii) For advanced delegation as authorized in ARM 8.32.1729, 8.32.1730, 8.32.1731 and 8.32.1732, the delegating nurse shall provide immediate supervision for any delegated nursing task.

(iii) In nonacute settings, the delegating nurse shall provide, at a minimum, indirect supervision for any delegated nursing task.

(2) In nonacute settings, unless otherwise provided in this rule or indicated by the situation, the delegating nurse shall make a supervisory visit at least monthly to:

- (a) evaluate the patient's health status;
- (b) evaluate the performance of the delegated nursing task;
- (c) determine whether goals are being met; and
- (d) determine the appropriateness of continuing delegation of the task.

(3) The delegating nurse is accountable for the:

- (a) safety of the patient;
- (b) nursing process;

- (c) patient assessment; and
 - (d) delegation of nursing tasks appropriate to the UAP's documented knowledge, skills, and abilities.
- (4) Violation of any rule in this subchapter constitutes unprofessional conduct under ARM 8.32.413. (History: Sec. 37-1-131, 37-8-202, MCA; IMP, Sec. 37-1-131, 37-8-202, MCA; NEW, 2005 MAR p. 1291, Eff. 7/1/05.)

8.32.1727 NURSING TASKS RELATED TO MEDICATIONS THAT MAY BE DELEGATED (1) Administration of medication may only be delegated by the nurse in the following settings:

- (a) schools;
- (b) hospice residential facilities;
- (c) Montana state prison;
- (d) women's correctional center; and
- (e) community based residential settings not defined as health care facilities in Title 50, chapter 5, MCA, except as otherwise provided herein.

(2) Medications administered pursuant to (1) are limited to the following types of medications and routes:

- (a) pharmacy-prepared or authorized prescriber-prepared medications introduced into the body by inhalant dispenser or nebulizer;
- (b) oral medication taken from:
 - (i) a prefilled, labeled medication holder;
 - (ii) a labeled unit dose container; or
 - (iii) an original marked and labeled pharmacy container;
- (c) oral medication, either in liquid form which must be measured or in tablet form which must be broken, provided the nurse has calculated the dose and amount to be administered;
- (d) suppository medication taken from:
 - (i) a prefilled, labeled medication holder;
 - (ii) a labeled unit dose container; or
 - (iii) an original marked and labeled pharmacy container;
- (e) topical ointments, except as provided in ARM

8.32.1728; and

- (f) ear drops and eye drops taken from:
 - (i) a prefilled, labeled medication holder;
 - (ii) a labeled unit dose container; or
 - (iii) an original marked and labeled pharmacy container.

(3) In advanced delegation, administration of medication is restricted as specified in ARM 8.32.1729, 8.32.1730, 8.32.1731 and 8.32.1732. (History: Sec. 37-1-131, 37-8-202, MCA; IMP, Sec. 37-1-131, 37-8-202, MCA; NEW, 2005 MAR p. 1291, Eff. 7/1/05.)

8.32.1728 GENERAL NURSING FUNCTIONS AND TASKS THAT MAY NOT BE DELEGATED (1) The following nursing functions require nursing knowledge, judgment, and skill and may not be delegated:

- (a) the nursing assessment;
- (b) development of the nursing diagnosis;
- (c) establishment of the nursing care goal;
- (d) development of the nursing care plan; and
- (e) evaluation of the patient's progress, or lack of progress, toward goal achievement.

(2) Nursing interventions, including but not limited to the following, require nursing knowledge, judgment, and skill and may not be delegated except as provided in ARM 8.32.1727, 8.32.1729, 8.32.1730, 8.32.1731 and 8.32.1732:

- (a) calculation of any medication dose;
- (b) administration of medications:
 - (i) by mouth;
 - (ii) sublingually;
 - (iii) by subcutaneous injection;
 - (iv) by intramuscular injection;
 - (v) intravenous injection or drip;
 - (vi) per tube;
 - (vii) by aerosol/inhalation; or
 - (viii) by suppository;
- (c) administration of topical:
 - (i) opiates;
 - (ii) cardiovascular medications;
 - (iii) anesthetic medications; or
 - (iv) systemic medications;
- (d) administration of blood products;
- (e) administration of chemotherapeutic agents; and
- (f) administration of total parenteral nutrition (TPN), hypertonic solutions, or IV additives;
- (g) insertion of peripheral IV catheters;
- (h) insertion of central IV catheters;
- (i) insertion of nasogastric or other feeding tubes;
- (j) removal of:
 - (i) endotracheal tubes;
 - (ii) chest tubes;
 - (iii) Jackson-Pratt drain tubes (JP tubes);
 - (iv) arterial or central catheters; and
 - (v) epidural catheters; and
- (k) patient triage.

(3) A nurse may not delegate to a UAP the authority to receive verbal orders from providers.

(4) A nurse may not delegate to a UAP the task of teaching or counseling patients or a patient's family relating to nursing and nursing services. (History: Sec. 37-1-131, 37-8-202, MCA; IMP, Sec. 37-1-131, 37-8-202, MCA; NEW, 2005 MAR p. 1291, Eff. 7/1/05.)

8.32.1729 ADVANCED DELEGATION, GENERALLY (1) The board recognizes that certain UAPs are prepared by specialized education and training to receive delegation of advanced nursing tasks as provided in ARM 8.32.1730, 8.32.1731 and 8.32.1732. Delegation of advanced nursing tasks must be from a nurse authorized to delegate the specified advanced nursing tasks, in settings and populations congruent with the UAPs' respective specialized education and training. (History: Sec. 37-1-131, 37-8-202, MCA; IMP, Sec. 37-1-131, 37-8-202, MCA; NEW, 2005 MAR p. 1022, Eff. 7/1/05.)

8.32.1730 ADVANCED DELEGATION TO UAPS WORKING IN THE EMERGENCY DEPARTMENT (1) A UAP working in a facility's emergency department may receive delegation of the advanced nursing tasks identified in this rule if:

- (a) the delegation is made in the emergency department;
- (b) the delegation is for a patient seeking emergency health care services; and
- (c) the UAP:
 - (i) is under the immediate supervision of the delegating nurse;
 - (ii) possesses current national registry of emergency medical technicians (NREMT) registration at the intermediate or paramedic level; and
 - (iii) is competent to perform the advanced nursing tasks identified in this rule.

(2) A UAP working in the facility's emergency department may receive delegation of the following nursing tasks:

- (a) insertion of peripheral IV catheters; and
- (b) hanging, without additives, initial IV fluids including:
 - (i) lactated Ringer's (LR);
 - (ii) normal saline (NS);
 - (iii) 5% dextrose in sterile water (D5W);
 - (iv) 5% dextrose in normal saline (D5NS);
 - (v) 5% dextrose in .45% saline (D51/2NS); and
 - (vi) 5% dextrose in lactated Ringer's (D5LR). (History: Sec. 37-1-131, 37-8-202, MCA; IMP, Sec. 37-1-131, 37-8-202, MCA; NEW, 2005 MAR p. 1022, Eff. 7/1/05.)

8.32.1731 ADVANCED DELEGATION TO UAPS WORKING IN THE DIALYSIS UNIT

(1) A UAP working in a dialysis unit may receive delegation of advanced nursing tasks identified in this rule if:

- (a) the delegation is made in an out-patient dialysis unit;
- (b) the delegation is for an established adult dialysis patient who has been on dialysis for more than 30 days; and
- (c) the UAP is:
 - (i) under the immediate supervision of the delegating nurse; and
 - (ii) is currently certified as a certified dialysis technician by either the:
 - (A) nephrology nursing certification commission (NNCC); or
 - (B) board of nephrology examiners - nursing and technology (BONENT).

(2) The UAP working in the dialysis unit may receive delegation of the following advanced nursing tasks:

- (a) preparing dialysate according to established procedures and the dialysis prescription;
- (b) assembling and preparing the dialysis extracorporeal circuit according to protocol and dialysis prescription;
- (c) preparing and cannulating of mature fistula/graft. Maturity/stability of the graft will be established by a nurse prior to cannulation;
- (d) initiating, delivering or discontinuing the dialysis treatment;
- (e) obtaining a blood specimen via a dialysis line or a fistula/graft site; and
- (f) administering the following medications under the

immediate supervision of an RN:

(i) heparin, only in concentrations of 1:1000 units or less, in an amount prescribed by an individual authorized by Montana statute to so prescribe:

(A) to prime the extracorporeal circuit;

(B) to initiate treatment; and/or

(C) for routine administration throughout the treatment;

(ii) normal saline via the dialysis machine to correct dialysis-induced hypotension;

(iii) intradermal anesthetics, in an amount prescribed by an individual authorized by Montana statute to so prescribe, as an integral part of the vascular access cannulation procedure; and

(iv) oxygen by nasal cannula. (History: Sec. 37-1-131, 37-8-202, MCA; IMP, Sec. 37-1-131, 37-8-202, MCA; NEW, 2005 MAR p. 1022, Eff. 7/1/05.)

8.32.1732 ADVANCED DELEGATION TO UAP NURSING STUDENTS

(1) A nursing student who is working as a UAP in any setting may receive delegation of the advanced nursing tasks identified in this rule if:

(a) the UAP nursing student is supervised at the level determined by the delegating nurse in accordance with these rules; and

(b) the nursing student is:

(i) currently enrolled in a state nursing board-approved nursing education program or a state nursing commission-approved nursing education program;

(ii) in good academic standing; and

(iii) whose satisfactory completion of a course in the fundamentals of nursing, as defined in ARM 8.32.1722, has been verified by the facility's chief nursing officer; and

(iv) as a condition of receiving delegation of medication administration, has satisfactorily completed a pharmacology course, as defined in ARM 8.32.1722 and completion has been verified by the facility's chief nursing officer.

(2) A UAP nursing student may receive delegation of the following advanced nursing tasks:

(a) calculation of medication dose;

(b) administration of medications:

(i) by mouth;

(ii) sublingually;

(iii) by subcutaneous injection;

(iv) by intramuscular injection;

(v) per tube;

(vi) by aerosol/inhalation; and

(vii) by suppository;

(c) administration of topical:

(i) opiates;

(ii) cardiovascular medications;

(iii) anesthetic medications; and

(iv) systemic medications;

(d) insertion of peripheral IV catheters;

(e) hanging, without additives, IV fluids including:

(i) lactated Ringer's (LR);

- (ii) normal saline (NS);
- (iii) 5% dextrose in sterile water (D5W);
- (iv) 5% dextrose in normal saline (D5NS);
- (v) 5% dextrose in .45% saline (D51/2NS); and
- (vi) 5% dextrose in lactated Ringer's (D5LR);
- (f) adjusting IV flow rates; and
- (g) any other nursing tasks for which the student has received instruction within the nursing program, as confirmed by official transcript and course description, and allowed by facility job description.

(3) A UAP nursing student may not receive delegation of:

- (a) the nursing assessment;
- (b) development of the nursing diagnosis;
- (c) establishment of the nursing care plan;
- (d) development of the nursing care plan;
- (e) evaluation of the patient's progress, or lack of progress, toward goal achievement;
- (f) patient triage;
- (g) medication administration by intravenous injection or drip;
- (h) administration of:
 - (i) blood products;
 - (ii) chemotherapeutic agents; or
 - (iii) total parenteral nutrition (TPN), hypertonic solutions, or IV additives;
- (i) insertion of:
 - (i) central IV catheters; or
 - (ii) nasogastric or other feeding tubes;
- (j) removal of:
 - (i) endotracheal tubes;
 - (ii) chest tubes;
 - (iii) Jackson-Pratt drain tubes (JP tubes);
 - (iv) arterial or central catheters; or
 - (v) epidural catheters;
- (k) ability to receive verbal orders from providers; and
- (l) teaching or counseling a patient or a patient's family relating to nursing and nursing services. (History: Sec. 37-1-131, 37-8-202, MCA; IMP, Sec. 37-1-131, 37-8-202, MCA; NEW, 2005 MAR p. 1291, Eff. 7/1/05.)

8.32.1733 TASKS WHICH MAY BE ROUTINELY ASSIGNED TO AN UNLICENSED PERSON IN ANY SETTING WHEN A NURSE-PATIENT RELATIONSHIP EXISTS (1) The following are tasks that are not within the exclusive scope of a licensed nurse's practice and may be within the scope of sound nursing practice to be assigned to a UAP:

- (a) noninvasive and nonsterile treatments unless otherwise prohibited by these rules;
- (b) the collecting, reporting, and documentation of data including, but not limited to:
 - (i) vital signs, height, weight, intake and output;
 - (ii) changes from baseline data established by the nurse;
 - (iii) environmental situations;
 - (iv) patient or family comments relating to the patient's care;
 - (v) behaviors related to the plan of care.

- (c) ambulation, positioning, and turning;
- (d) personal hygiene and elimination;
- (e) oral feeding, cutting up food, or placing of meal trays;
- (f) socialization activities;
- (g) activities of daily living;
- (h) assisting with self-administration of medications where the following acts are used:
 - (i) verbal suggestions, prompting, reminding, gesturing, or providing a written guide for self-administering medications;
 - (ii) handing a prefilled, labeled medication holder, labeled unit dose container, syringe, or original marked, labeled container from the pharmacy to the patient;
 - (iii) opening the lid of the above-referenced container for the patient;
 - (iv) guiding the hand of the patient to self-administer the medication;
 - (v) holding and assisting the patient in drinking fluid to assist in the swallowing of oral medications;
 - (vi) assisting with removal of a medication from a container for residents with a physical disability which prevents independence in the act. (History: Sec. 37-8-202, MCA; IMP, Sec. 37-8-202, MCA; NEW, 1994 MAR p. 1424, Eff. 5/27/94; TRANS & AMD, 2005 MAR p. 1291, Eff. 7/1/05.)